

doc.no. 0857

Call-No.:

Sender:

Return address

Zimmer GmbH
 Warenannahme
 Im Salmenkopf 5
 DE-77866 Rheinau
 Fax: +49 (0) 7844 / 9139-1199
 Email: service@zimmer-group.com

Company:		E-Mail:	
Customer No.:		Street:	
Contact person:		ZIP/Place:	
Different shipping address:			
Company:		Street:	
Contact person:		ZIP/Place:	

In case of warranty claim, please provide details of purchase:			
Purchase date:		Delivery note No.:	

Please select the action required (1-5) and the reason for return (A-J) and enter them in the table below:

Action required:		Reason for return:			
1	Cost estimation* (47,50€ / Article)	A	Product does not meet stated performance parameters (Please provide description)	F	Article on trial
2	Express-repair (at cost)**	B	Sluggish / stiff	G	Item incorrectly ordered
3	Complaint/ Warranty Claim (Please speak to Zimmer Group contact prior to shipping item)	C	Leakage	H	Item has not been used and is not required
4	Modification to another version (as offered)	D	Product does not have required function (Please provide description)	I	Crash / Wrong handling
5	Return ***	E	Electrical problem (Please provide description)	J	Others (Please provide description)

- * This fee is waived if the repair service or a replacement part is ordered. If the item is beyond economical repair, a new part will be quoted.
- ** Prioritised processing, no cost estimate will be offered; 30% surcharge on the total repair fee. The item will be repaired in the fastest possible time.
- *** Return of used standard-parts in time for delivery. Reimbursement less return storage costs and technical inspection of parts not originally packaged.
- **** **Has the part been exposed to hazardous substances?** If yes, please indicate the exact name of the substance and submit the safety data sheet (in accordance with Regulation (EC) No 1907/2006).

Listing of the products:							
Pos.	Part number:	Quantity:	Action (1 to 5):	Reason (A to J):	Current cycles:	Hazardous Substances Y/N?****	Description/Note:
1							
2							
3							
4							

Further notes:

Date

Signature

Please enclose the form to the return/repair.