

Please **FAX** or **MAIL** back the completed form of the ASSKEA GmbH!

Fax no.: +49 (0) 36201-5797-33

E-Mail: Ruecksendung@asskea.de

Return type:

☐ service ☐ reclamation ☐ reparation ☐ reconditioning

Customer information

Your company:

Your customer ID:

Contact:

E-Mail:

Address:

Tel:

Fax:

Product return information

Item no. (REF):

Quantity returned:

Product type:

☐ Tracheal aspirator ☐ Wound therapy system

☐ Cuff aspirator ☐ Ped aspirator ☐ Equipment

Serial number:

Additional product
description:

Problem description:

☐ Guarantee

☐ Estimate of cost

Statement of Non Hazardous Shipments

- ☐ We certify that the return shipment requested herein has not been in service and is in the original packing.
- ☐ We certify that the return shipment requested herein has been in service and has been cleaned for shipment and subsequent inspection.