

Repair return form

Fill out as much information as you have available,
if not available leave open



DEDICATED DRIVE



A CG Product

Date of return	Customer Order No. (Required)
Customer	
Company	Contact person
Telephone	E-mail
Address	Delivery address (if other)
Zip code	Zip code
City	City
Country	Country
Returned product	Returned part
Model/type no.	Description
Serial no.	
Application	Part number
Emotron order no.	
Date of delivery	
Failure information	
Date of failure	Error message
Description	
Other reason for return	
Requested action	
Repair & Return	Urgent
Cost estimation	Warranty (after assessment of CG)
Return if not repairable	Credit
Scrap if not repairable	Replacement received
Contact me	

Additional information