

# **Return request form**

### Sender's information:

Customer order no:	Your reference:	SCN Invoice no:
Company name:		
Delivery address:	City, ZIP-code:	
Phone:		
E-mail:		

## Unit information:

Unit has been in use Never Less than 24h More than 24h
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In order to take care of your returned unit/service as quickly as possible, it's important that you will fill out the return request form with complete information.

In case the product does not fulfill the warranty requirements, a freight- & analysis cost will be debited!

## Product information:

Product	Serial number

## Failure description / Other:

## Action:

Scrap if repair is uneconomical	Yes
Return if repair is uneconomical	Yes

Always return the product to: Sensor Control Nordic AB Truckvägen 16B, 194 52 Upplands Väsby Sweden Phone: +46 8 668 21 00 E-mail: claims@scn.se