



**KELLER**

## Return Authorisation Form

**please fill in in English**

### Company

Customer number

Companyname

Invoice address

Zip Code

City

Country

Phone number

Your reference / PO number

### Contact details

Phone

Name

Email

### Return details

Contact person

Name

Street Address

Zip Code

City

Country

### Product details

Quantity

Type

Pressure range

Serialnumber(s)

### Reason for return

Repair

DOA

Wrong delivery

Return for credit note

Calibration required

Which calibration

### Complaint description

Please describe the complaint as complete as possible

Date

**Please send your returns to:**

**KELLER GMBH**

**Schwarzwaldstrasse 17**

**D-79798 JESTETTEN**

**DEUTSCHLAND**

**Always remove your own accessoires from your returned goods!**