

S-GARD® Safety Garments Hubert Schmitz GmbH

**RETURN NOTE** 

Aphovener Strasse 52525 Heinsberg GERMANY					Date:			
In order to be able to har enclosed with the items. packages will not be accep	Please remer							
SENDER								
Company:			C	ustomer no.:				
Person in charge:			P	Phone number:				
Address:			E	mail:				
Postcode:	ostcode:			Place:				
RETURN OF ITEMS	<b>5</b> (further item	ns can be entered ov	erleaf)					
Item no.	Item des	cription		Size	Colour		Quantity	
Items received with Delivery note / Invo			<b>/</b> :					
Order 110./Date:								
<b>Reason for the ret</b> Sample	urn delive	<b>Pry</b> (please mark wi	th a cross and expla	in more closely if ne	ecessary)			
Wearing test		Always in cl	eaned condition	n, please.				
Wrong delivery								
Quality deviation								
Other								
Already clarified p	er phone v	with:			on:			
Wareneingang (int	ern)	→ (will t		iternally by S-		i-	Tagin	
Datum:	_			Ware unbesch	•	ja	nein	
Angenommen durc Weitergeleitet an:	n:			Verpackung be	escnadigt	ja	nein	



## **OVERLEAF OF RETURN NOTE**

## **RETURN OF ITEMS**

Item no.	Item description	Size	Colour	Quantity