

RÜCKSENDEFORMULAR
GOODS RETURN FORM



GAT® 
Gesellschaft für
Antriebstechnik mbH

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Firmenname/ <i>Company Name</i> :	
Kontaktperson/ <i>Contact person</i> :	
Anschrift/ <i>Address</i> :	
Kunden Nr./ <i>Customer No.</i> :	
Rechnungsnr./ <i>Invoice No.</i> :	
Anmerkung/ <i>Remarks</i> :	

<i>To be advised by GAT</i>							
Pos.	Fabr.-Nr./ <i>Serial-No.</i>	Typ/ <i>Type</i>	Artikelnr./ <i>Article No.</i>	Mängelbeschreibung/ <i>Description of defect</i>	Custom tariff no.	Description of parts (custom)	Proforma value
1							
2							
3							
4							
5							
6							