



Repair/complaint form

Filled in by Åkerströms

Case number	Åkerströms Contact: Name & e-mail	Date
RMA /AO Number	Notes	

Note!

The information below in this form must be filled in before you return goods to Åkerströms.
If the form is missing or not completely filled in, it may delay our handling of the case.
A printed copy must be attached to the returned goods.

Customer data

Company name:		
Company's contact person:	E-mail contact person:	Phone number:
Delivery address:	ZIP code:	Vat.No. number:
Billing address:	ZIP code:	Invoice email adress:
Purchase / order number:	Other:	

Product and order information

Product - Item number:	Delivery or serial number:	Date of purchase:	Åkerströms' order number:
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Reason for return

Repair* <input type="checkbox"/>	Warranty action* <input type="checkbox"/>	Wrong product received <input type="checkbox"/>	Repurchase <input type="checkbox"/>	Other <input type="checkbox"/>
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***Description of problem:** (mandatory for Repair or Warranty action)

Additional information:

Safety declaration

It is Åkerströms' policy to protect the health of our staff and guarantee a safe working environment. We therefore require that all products that are returned are safe to handle and **free from harmful substances**, such as dangerous chemicals and biological substances. According to regulations regarding Lithium-ion (Li-ion) batteries, **Batteries are not allowed to be returned**. These must be removed from the equipment before returning the goods.

I hereby certify that the returned goods are safe to handle, free from harmful substances, and that batteries are not included.

Company's contact person:

Phone:

Send your return to:
Åkerströms Björbo AB
Björbovägen 143
SE-786 97 Björbo, Sweden