



Return form

This form and a copy of the invoice or packing slip must be attached to the delivery of Bengtssons Maskin.

In case of incomplete data, may the processing time be delayed

Return to: Bengtssons Maskin AB
Företagsvägen 14
SE-232 37 ARLÖV

Our order number:

Return from:

Our administrator:

Date:

Our claim number:

Your claim number:

Your referens:

Phone:

E-mail:

Note: Enter deductions for customer errors -> 20% of the order value, however at least 500 SEK

Article number:	Batch number:	Qty returned:

Describe the return reason as much detailed as possible: