

## Returns / cancellations / complaints

Dear customer,

should there be a reason for returning goods due to quality needs, please use this document for returning the product. To enable us to help you as fast as possible we kindly ask you to follow the following steps and to return **this document** together with the goods and a copy of the invoice / delivery note.

**Please note: we cannot accept any returned products without the form for returned goods!**  
(available for download on [www.engelmann.de/en/downloads/#formulare](http://www.engelmann.de/en/downloads/#formulare))

### Cancellation conditions

We accept cancellations\* of orders at the following conditions:

cancellation fees:

- |  |                        |
|--|------------------------|
| A. Order canceled within 2 working days after receipt of the order confirmation or earlier:              | no cancellation fees   |
| B. Order canceled 2 working days after receipt of the order confirmation & before delivery of the goods: | 50 % of the net price  |
| C. Order canceled after delivery of the goods is not possible:   | 100 % of the net price |

\*This does not apply to orders for which the requested delivery date (outgoing Engelmann) is specified as "immediately" or when there is no delivery date specified. Then cancellation is not possible.

## Form for returned goods

Required

\* You obtain the return no. by telephone +49 6222 98 00 - 0

Date:		*Return-No: (for reason of return 1, 3)	
Company name:		Customer No:	
Street:		Contact person:	
ZIP / City:		Phone No:	
Phone:		Commission:	
E-mail:			

### Returned device

(if you have more than one device, please use the attached list with serial numbers and reasons for return)

Engelmann/ Article No:		Serial No: resp. serial number range		Amount:	
		Reason for the return:	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		

**1 = Complaint** (return reference number required)

Note: Please use the information below to describe the fault. The description of the fault should be short and precise. "Defect" is too general.

**2 = Official diagnostic examination** (no return reference number required; request for findings and removal protocol required; please address your return with the addition "State-recognised inspection body") See also necessary forms under: <https://www.engelmann.de/de/downloads/> --> Keyword: Befundprüfung)

**3 = Wrong delivery** (return reference number required)

**4 = Recycling** (keine Rücksendungs-Nr. erforderlich)

Detailed description of the fault in case of complaint or wrong delivery:

### Shipping address

Please send the goods with this document to the following address:

Engelmann Sensor GmbH  
Rudolf-Diesel-Str. 24-28  
69168 Wiesloch  
Germany

Please send this document  
prior to shipment by e-mail to  
[sales@engelmann.de](mailto:sales@engelmann.de)

**Return Label**  
to attach it outside the packaging  
✂

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**TO:**

**Engelmann Sensor GmbH**

Rudolf-Diesel-Str. 24-28

69168 Wiesloch

Germany

**From:**

		*Return-No:	
Customer details			
Company name:		Customer No:	
Street:		Contact person:	
ZIP / City:		Country:	
Phone:			

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Attachment to the form for returned goods (further articles)

List of further returned devices					
	Article No.	Serial No. resp. serial number range	Amount	Reason for the return	Description
2.				<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
3.				<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
4.				<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
5.				<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
6.				<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
7.				<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
8.				<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
9.				<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
10.				<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	

Shipping address

Please send the goods with this document to the following address:

**Engelmann Sensor GmbH**  
 Rudolf-Diesel-Str. 24-28  
 69168 Wiesloch  
 Germany

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 prior to shipment by e-mail to  
 sales@engelmann.de