

will proceed to:

AUTHORIZATION FORM TO RETURN GOODS

CUSTOMER COMPI		
		u or by fax to 011/8977953 for the attention of Mr. Luca Brait.
Date:	Customer code:	Company:
Address:		Branch:
Contact person:		Email or nr. fax:
Emmerre ref.:	Quantity:	**** Attention please:
Ref. commercial Invoice:	Date:	In case of return of Wheel hubs or Bearings fill in the following form:
Defective goods		Vehicle brand and type:
Not in conformity with the	order	Assembly Time: Date and Km.:
Wrong order		Disassembly Time: Date and Km.:
Emmerre ref.:	Quantity:	**** Attention please:
Ref. commercial Invoice:	Date:	In case of return of Wheel hubs or Bearings fill in the following form:
Defective goods		Vehicle brand and type:
Not in conformity with the	order	Assembly Time: Date and Km.:
Wrong order		Disassembly Time: Date and Km.:
Emmerre ref.:	Quantity:	**** Attention please:
Ref. commercial Invoice:	Date:	In case of return of Wheel hubs or Bearings fill in the following form:
Defective goods		Vehicle brand and type:
Not in conformity with the	order	Assembly Time: Date and Km.:
Wrong order		Disassembly Time: Date and Km.:
Customers comments:		
EMMERRE COMPIL	ATION	
Return authorization no. :		Date: Unauthorized return:
Comments:		
In case of wrong order shipment will be organized by the customer and will be charged 10% of the value of the returned goods		
In the case of defective items or items not comply with the order, please send the goods by the following forwarder:		
Once the enemals has her	an radified are	Daylosing the goods with the year shipment
Once the anomaly has been	tii vefiiitu, Wt	Replacing the goods with the next shipment

Issue of credit note