

To be filled by barpa

N° Date Treated by

Filled this form and return by e-mail to quality@barpa.eu

Customer information

Customer * Customer Number

Country * Contact person *

E-mail

Return information

Invoice number Date

Product Information

| Code/Reference | Description | Quantity | Serial number (if applicable) |
|----------------------|----------------------|----------------------|-------------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Reason for the return

Description

Treatment of Return (To be filled by barpa)

Decision

Contact person

Treated by

Date

Details of the treatment

Case closed