



**BILZ product concerned**

Des.: .....

No.: .....

**Reason for return**

Repair

Other .....

<b>Address:</b>
.....
Company
.....
Name, First Name
.....
Street, No
.....
Postcode, City
.....
E-Mail
.....
Tel.

Defect description:

.....  
.....

**Order for immediate repair:** (fill out if required)

**Please indicate the cost limit for immediate repair**

50 % of the new value (please state a net amount) ..... €

maximum amount ..... €

**If the costs are higher, please**

send me a cost estimate

scrap the old part

return the part to me (unrepaired and dismantled), Price 80€ processing fee

This form will be considered as a binding order. Our general Terms and Conditions which can be seen on our website <http://www.bilz.de/sonstiges/agb> apply.

**Please state your Order No:** .....

City / Date .....

Signature .....

**Thank you for your order**

**Your BILZ Service Team**

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