



AFTER SALES : RETURN FORM

YOUR COMPANY DETAILS WHERE THE GOODS SHOULD BE RETURNED:

<u>YOUR COMPANY</u>	<u>CONTACT</u>
COMPANY:	NAME:
ADDRESS:	TEL:
CITY:	EMAIL:
	DATE:

PROVIDER/DISTRIBUTOR INFORMATION: (PROVIDED YOUR COMPANY HAS NO ACCOUNT AT COGELEC)

<u>PROVIDER/DISTRIBUTOR</u>	<u>PROVIDER/DISTRIBUTOR CONTACT</u>
COMPANY:	NAME:
ADDRESS:	EMAIL:
CITY:	

Item reference	Designation	Qty	End customer ref. (installation site / name on www.intratone.info)	Reason for returning the product or ticket number

PLEASE

- 1- **FILL IN** this return form entirely
- 2- **SHIP** the items with this form attached to the following address:

COGELEC – SAV INTRATONE
ZI DE MAUNIT
370 RUE DE MAUNIT
85290 MORTAGNE SUR SEVRE