



AFTER SALES : RETURN FORM

1) YOUR COMPANY DETAILS

COMPANY :

SENDER'S NAME :

ADRESS :

CITY :

EMAIL :

DATE :

2) YOUR PROVIDER/DISTRIBUTOR DETAILS

COMPANY :

CONTACT :

ADRESSE :

CITY :

EMAIL :

TO WICH ADRESS THE PRODUCTS SHOULD BE SEND BACK :

ENTER 1) OU 2)

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**