

RETURN NOTE

PLEASE FILL IN WHEN RETURNING PRODUCTS TO INNO-SIGN A/S

PRODUCT	PRODUCT NUMBER	PROD. NUMBER

GUARANTEE EXCHANGE RETURNING

PLACE OF INSTALLATION: _____ DATE: _____

DELIVERY NOTE OR INVOICE NUMBER: _____ DATE: _____

EXCHANGE OR RETURNING AGREED WITH: _____ DATE: _____

REASON, FAULTS AND OTHER RELAVANT INFORMATIONS

SEND TO: Inno-Sign A/S
Gyvelvaenget 2-4
DK-5690 Tommerup
Denmark

SENDER: _____

COMPANY _____

ADDRESS _____

STAFF _____ DATE: _____

CARRIER _____ NUMBER: _____

ONLY INNO-SIGN FILL IN:

FAULTS FOUND BY REPAIR

REPAIRED BY: _____ DATE: _____