To be used for all return of Goods to Haakon Ellingsen AS (HEAS).
Send by Email to contact person HEAS and attach a paper copy with the shipment.

|  |  |
| --- | --- |
| Company |  |
| Address |  |
| Contact Name |  | Telephone |  |
| Email |  | Fax |  |
| Customer Order Number |  |
| HEAS Order Number |  |
| Delivery Date |  |
| Reference Number HEAS |  |
| Contact Person HEAS |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Part number | Part Description | Serial number/TAG number | Quantity |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Customer to Complete:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Media used |  |  Voltage applied |  | Pressure applied |  |
|  |
| The Goods are cleaned/emptied |  | Yes |  | No |
|  |
|  |  |  |  |  |
| The Goods contain fluids, chemicals or substances hazardous to health |  | Yes |  | No |
|  |  |  |  |  |
| **If hazardous to health provide details:** |
|  |
|  |
| **Handling:** |  | Service |  |  Repair |  |  Return new for replacement |
|   |   |   |  |  |  |   |
| **Reason For Return:** |  |  Damage |  | Malfunctioning |  |  Not according to order |
|   |   |   |  |  |  |   |
|  |  | Others see comments |
| **Comments:** |
|  |
| Name | Position | Date |
|  |  |  |