

Claim

Sharpening

Return

Send to

Accesia AB, Söndrumsvägen 35, 302 37 Halmstad, Sverige

To be completed by Accesia

(YY-MM-DD)

Arrival date: _____

Order: _____

Important! For claims and returns, you must always contact us first and receive a reference number.

Please fill in the information, print the document, and send it along with the product to us.

Use insured mail if you want insurance coverage.

We only accept clean instruments. Pack the product carefully to avoid transport damage.

Clinic: _____

E-mail: _____

Your reference: _____

Direct phone no: _____

Claim / Return

***Ref. at Accesia:** _____

***Invoice no:** _____

Describe the issue in writing:

Sharpening fill in the information

Number of instruments: ____st

Should unsharpened instruments be returned?

YES NO
☐ ☐

Want a cost estimate first?

YES NO
☐ ☐

To be completed by Accesia

Sharpening order no: _____

Sharped instruments: _____pcs

Instruments that could NOT be sharpened: _____pcs **Signature:** _____