



Medisol BV
Service Center
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Returns form

To enable us to handle your return, complete this form in full and follow the steps below.

Personal Details

Business/Organisation: _____
Contact Person: _____
Address: _____
Postcode: _____
Town/County: _____
Country: _____
VAT Number: _____
Telephone Number: _____
Email address: _____

Item(s) Returned

Product:	Order Number	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Reason for Return

- Item(s) no longer required Incorrect item(s) received Defective product Other (fill in comment box)
 One-time maintenance Intervention read-out

Information and Instructions over the return

- Complete this form and place it inside the parcel. **Without this form, we cannot handle your return**
- Unwanted items, returned within the **14 day deadline**, should be returned in the original, undamaged packaging. **After the 14 day deadline, we will not handle your return.**
- It is important to securely pack your item(s), to avoid damage during transit.
- Return parcels to the address at the top of this page, unless stated otherwise.
- Your return shipment will be processed within 7 working days

Comments