Return



Fill out the form below and enclose it in the package upon return to Hallberg-Rassy Parts

Customer:					
Address:					
Email:					
Phone Number:					
Date:		(Date when this form is filled in)			
Orde	er Number:				
	1	1	Select type	of roturn	
			Select type	orreturn	
Pcs	Art. No	Product	Reclaim	Other	
* Tic	k one of the	options which type of return	it is.		
Desc	cription of fa	ult cause			
We ask you to arrange return transport yourself.			Return addı	Return address:	

You are responsible for the shipping cost.

Send the package to the following return address:

Hallberg-Rassy Parts AB Hallberg-Rassyvägen 2 474 31 Ellös Sweden