

Return Procedure for DOSATRON equipment

**You would like to return us your dosing unit
for technical diagnosis or repair ?**

Then please :

1. Inform our Customer Service (+33 (0)5 57 97 11 11) that you would like to return an item.
2. Fill in precisely the return sheet hereunder and explain the problem in a detailed manner. This document will help our offices to detect the failure more quicker and thus to avoid overbilling.
3. **Clean and rinse the dosing unit before shipment.**
4. Pack the dosing unit in its original packaging or, if this is not possible, in a solid, carefully done packaging.
5. Return your dosing equipment prepaid to the following address:

**DOSATRON INTERNATIONAL
RUE PASCAL - BP.6 -
33370 TRESSES - France**

We will send you a cost estimation for repair, informing you about the estimated downtime of the unit or about the technical diagnosis.

If we do not receive a response from you two months after having sent the cost estimation, you will be billed for storage costs, insurances fees and administrative charges.

FOR ANY QUESTION BEFORE SENDING YOUR MATERIAL, PLEASE CONTACT OUR CUSTOMER SERVICE!

DOSATRON INTERNATIONAL

Rue Pascal - B.P. 6 - 33370 TRESSES (BORDEAUX) - FRANCE

Tel. 33 (0)5 57 97 11 11 - Fax. 33 (0)5 57 97 11 29 / 33 (0)5 57 97 10 85

e.mail : info@dosatron.com - <http://www.dosatron.com>

S.A.S. DOSATRON INTERNATIONAL au capital de 3 050 000 EUROS - SIRET BORDEAUX 418 826 822 00011 - APE 2813 Z - N° TVA/VAT : FR96418826822

Return Form for DOSATRON Equipment

EQUIPMENT RETURNED FOR:

(tick the corresponding box)

TECHNICAL DIAGNOSIS

REPAIR

Please clean and rinse the dosing unit before shipment

Customer Service

DOSATRON INTERNATIONAL

Rue Pascal – B.P.6

33370 Tresses – France

Your DOSATRON contact :

Your address details:

Company:	Phone:	Fax:
Address:		
E-Mail:	Contact:	
<i>Shipment date of the equipment:</i>		

Information regarding your application

Unit type:	Serial N°:
Application :	First use/ installation:

Please enclose Security Data Sheet of the product

PRODUCT TYPE: (alkaline, acid,...)	
DOSED PRODUCT: and dosing percentage	

Description of the failure

Please describe the failure as precisely as possible. If possible, enclose a drawing or photos of the installation.

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