

RESHIPMENT - ACCESSORIES



Manual

1. Complete the service card attached below.

Note: Only second page of this document is required.

Fill in as much data as possible.

2. Use a safe package for the product. If possible use the original package.
Put the service card and a copy of your **purchase receipt** into the package.
3. Send the product back to our service department.

Contact

ANSMANN AG
FAO E-Bike Customer Service
Industriestraße 10
D - 97959 Assamstadt

Deutschland / Germany

Telefon: +49 (0) 6294 4204 5956
Fax: +49 (0) 6294 4204 4700
E-Mail: e-bikeservice@ansmann.de

Packaging

Note: According to the German parcel services, a package must survive a drop from a height of 80cm without damage.

- Put the service card and a copy of your **purchase receipt** into the package.
- Use a safe package for transport, if possible in the original box.

Costs

ATTACH A COPY OF PURCHASE RECEIPT! WITHOUT PURCHASE RECEIPT THERE IS NO POSSIBILITY OF HANDLING.

- If ANSMANN AG **doesn't** detect any fault at the product or is it out of warranty, an amount of 25,00€ net will be charged for inspection. (all-inclusive price)
- If there is **no** case of warranty we offer to complete service actions.
Service actions will be continued up to an amount of **45€** net without consultation.
This service will be charged on time and material basis. The above-mentioned all-inclusive price is included in the price.
- Included is: Product and system check, functional test, as well as all labour costs.
- **There is no pick-up service from abroad.**
- We **won't** accept packages without the proper postage.

SERVICE CARD - ACCESSORIES



Contact details

Delivery address:

ANSMANN AG
FAO E-Bike Customer Service
Industriestraße 10
D - 97959 Assamstadt
Deutschland / Germany

Telefon: +49 (0) 6294 4204 5956
Fax: +49 (0) 6294 4204 4700
E-Mail: e-bikeservice@ansmann.de

Incoming goods department: No.:

Sender:

Company: _____

Contact person: _____

Street / House no.: _____

ZIP / city: _____

Phone: _____

E-Mail: _____

You customer: _____

Your document no.: _____

Opening hours: _____

Return address (if different):

Company: _____

Contact person: _____

Street / House no.: _____

ZIP / city: _____

1. Accessory

Qty:	Part-No.:	Production date:
<input type="checkbox"/> No function <input type="checkbox"/> noise	<input type="checkbox"/> wrong function <input type="checkbox"/> other	Description of fault / Notes:

Customer Service

<input type="checkbox"/> Scrap	<input type="checkbox"/> Repairing	<input type="checkbox"/> Warranty	<input type="checkbox"/> Good will	<input type="checkbox"/> OK	Date / acronym:
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2. Accessory

Qty:	Part-No.:	Production date:
<input type="checkbox"/> No function <input type="checkbox"/> noise	<input type="checkbox"/> wrong function <input type="checkbox"/> other	Description of fault / Notes:

Customer Service

<input type="checkbox"/> Scrap	<input type="checkbox"/> Repairing	<input type="checkbox"/> Warranty	<input type="checkbox"/> Good will	<input type="checkbox"/> OK	Date / acronym:
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3. Accessory

Qty:	Part-No.:	Production date:
<input type="checkbox"/> No function <input type="checkbox"/> noise	<input type="checkbox"/> wrong function <input type="checkbox"/> other	Description of fault / Notes:

Customer Service

<input type="checkbox"/> Scrap	<input type="checkbox"/> Repairing	<input type="checkbox"/> Warranty	<input type="checkbox"/> Good will	<input type="checkbox"/> OK	Date / acronym:
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Costs

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Date, Signature, Stamp