



DT Swiss AG
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Switzerland
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RETURN SHIPMENT INVOICE - CASE NUMBER _____

CUSTOMER NAME

INSERT NAME

ADDRESS

STREET

ZIP CODE

CITY

COUNTRY

PHONE

INSERT PHONE NO.

EMAIL

INSERT EMAIL

DT SWISS ID (FRONT WHEEL)

INSERT ID

DT SWISS ID (REAR WHEEL)

INSERT ID

SERVICE DESCRIPTION

Return shipment of inspected and released wheel(s) after recall inspection.
Service performed free of charge as part of safety program.
No further service or product charges apply.

TOTAL AMOUNT DUE

CHF 0.00

INVOICE DATE

INSERT DATE

INVOICE NUMBER

INSERT NO.

If you have any questions regarding this document, please contact
recall-ch@dtswiss.com