Delivery note

|  |  |
| --- | --- |
| Date | DISPATCHNOTIFICATION\_DATE |
| Order | CUSTOMER\_ORDER\_REFERENCE/ORDER\_ID |
| Reference person  Your reference | CONTACT\_DETAILS/FIRST\_NAME+CONTACT\_NAME  HEADER\_UDX/UDX.DG.END\_CUSTOMER\_ORDER\_REFERENCE |
| Buyer Phone Number | PHONE |
| VAT No. | CHE-109.049.266 MWST |
| Delivery option | Shipping |

|  |
| --- |
| NAME |
| NAME2 (if present) |
| STREET |
| P.O. box: ZIPBOX |
| COUNTRY\_CODED-ZIP CITY |
| COUNTRY |

|  |  |  |  |
| --- | --- | --- | --- |
| Description | Dimensions | Article number | Amount |
| DESCRIPTION\_SHORT | Height: (optional)  Width: (optional)  Length: (optional)  Weight:(optional) | BUYER\_PID | QUANTITY |
| DESCRIPTION\_SHORT | Height: (optional)  Width: (optional)  Length: (optional)  Weight:(optional) | BUYER\_PID | QUANTITY |
| DESCRIPTION\_SHORT | Height: (optional)  Width: (optional)  Length: (optional)  Weight:(optional)) | BUYER\_PID | QUANTITY |
| DESCRIPTION\_SHORT | Height: (optional)  Width: (optional)  Length: (optional)  Weight:(optional) | BUYER\_PID | QUANTITY |
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| DESCRIPTION\_SHORT | Height: (optional)  Width: (optional)  Length: (optional)  Weight:(optional) | BUYER\_PID | QUANTITY |
| DESCRIPTION\_SHORT | Height: (optional)  Width: (optional)  Length: (optional)  Weight:(optional) | BUYER\_PID | QUANTITY |

Thank you for your order and best regards

Return address:

Galaxus Deutschland GmbH

Retouren

Hans-Günther-Sohl-Straße 2-4

DE-47807 Krefeld

Delivery Upon receiving your product, please make sure it is correct and complete and check it for damage. Any deficiencies need to be reported

within five calendar days from collection resp. delivery date via your personal customer account in the online shop.

General Our general terms and conditions apply