

Process for shipping repairs/revisions to Switzerland

Dear customer,

In order to guarantee a smooth repair/revision process, please follow the procedure below:

- Please register the repair/revision in advance at service@zendersommer.com and send us the completed RMA form **REVISION & REPAIR SHEET ZS** → go to PDF on page 2. (zehndersommer.com).
- Once the repair/revision has been recorded by us, we will confirm the repair number back to you (P000xxxx)
- You then prepare the shipping documents and send us a copy of the delivery documents and, if possible, a tracking link as soon as the dispatch has been arranged

Please note that the following information must be included on the shipping invoice!

ZAZ account number: **93031**

VAT number: **CHE-109.026.265**

Our invoice and delivery address: **Zehnder & Sommer AG, Dammstrasse 18-20, CH-3400 Burgdorf**

Contact person at Z&S

Your invoice number, place and date of invoice

References

(Z&S project number P000xxxx, if available a customer order number, contact person at your company, etc.)

Incoterms with version and location

(Example: DAP CH-3400 Burgdorf, Switzerland (according to INCOTERMS 2020) duty unpaid, untaxed)

Shipping method

(lorry, air freight, courier service)

Description of goods per item with device type, serial number, etc.

Customs tariff number (HS code) per article item

Country of origin per item

Preferential status per item

Proof of preferential status

(Declaration of origin on the invoice or corresponding proof of preference such as EUR.1)

Current value of goods per item with unit price information

Invoice currency

Number of packages with net and gross weight

Clear note/reason for export

(e.g. 'Defective roll feed returned to seller in Switzerland for repair/revision')

Assessment type

(e.g. 'Normal assessment with preferential clearance')

We will be happy to assist you with any queries regarding the preparation of the shipping invoice. Please send enquiries to service@zehndersommer.com and export@zehndersommer.com .

Thank you very much for your co-operation in this process.

Your service team

REVISIONS- & REPAIR SHEET ZS

Company		Contact person	
Telefon number		E-mail-adresse	
Projekt number (pls leave blank):			
Serial number of your device (→ on device plate):			
Year of manufacture of device (→ on device plate)			
Device type (e.g. roll feed, gripper feed, cutting shears)			
Photo device plate			
Preferred date:			
Additions to problem description, error description, application, control, further information (attachments welcome by email)			
Request for <input type="checkbox"/> Reparation <input type="checkbox"/> Revision / Retrofit <input type="checkbox"/> Reparation & Revision / Retrofit			
Would you like an upgrade kit for faster pilot release? (only possible for models TK and TM) <input type="checkbox"/> yes <input type="checkbox"/> no			
Please select how we can send you an offer:			
<input type="checkbox"/> I will send the device to Zehnder & Sommer AG and expect a quote after a visual inspection.			
<input type="checkbox"/> I would like to receive a quote without sending the feed first, and I am sending photos to determine the damage.			
<input type="checkbox"/> A service technician should look at the device on site at our premises; after that, I expect to receive an offer.			
<p>i Quotation for small appliances (up to approx. 10kg) → CHF 300.- / Euro 300.-*</p> <p>Quotation for medium-sized appliances (approx. 10–30 kg) → CHF 500.- / Euro 500.-*</p> <p>Quote for large appliances (from approx. 30 kg) → CHF 800.- / Euro 800.-*</p> <p>*The costs for the cost estimate will be credited if the order is placed.</p>			
Do you want to replace additional items? <input type="checkbox"/> yes <input type="checkbox"/> no			
If so, please note the type/serial number/manufacturer for the engine, gearbox and rolls (if these are also to be replaced). If you do not have this information, photos will help.			
<input type="checkbox"/> Gearbox _____		<input type="checkbox"/> Roll on top _____	
<input type="checkbox"/> Motor _____		<input type="checkbox"/> Roll under _____	
Place, Date:	Company:	Signature:	

If possible, please also send pictures of your device. Ideally, these should show the affected positions, serial number plate, rolls surfaces, characteristic images. **Please complete the form and send it to service@zehndersommer.com**

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