Claim request



Your contact person at Pentronic	Customer order no	Customer claim no:
	Dentronia order no. (t. b.	DMA pre/to he filled in his Douthousin).
	Pentronic order no: (to be filled in by Pentronic):	RMA-nr (to be filled in by Pentronic):
	illed in by i childrino).	
Problem description		
1. Describe the issue (E.g. wrong product, damaged product, functional error, dimensional error)		
2. When was the problem detected? (E.g. on delivery, unpacking, during installation, during usage)		
2. When was the problem detected: (E.g. of delivery, unpacking, during installation, during asage)		
3. Has the product been operational?		
If so, please give the conditions of operation (temperature, environment/media etc.)		
Part no alt. serial no	Part description	Quantity
Has the product been installe	ed?	□ No
Has the product been installed	eu? Li res	L No
If "Yes", the product shall be free of unhealthy contamination, to be handled safely without special protecting		
equipment. Hereby I confirm that the returned products fulfill the cleanliness requirement.		
Signature		Date
Customer and contact person		
Customer and contact person		
Person		
Phone no and mail address		
Delivery address:		

Jankett - 8 5 2-2-003 | Itaava: 5

Please return the product with this form to:

Phone: 0490-25 85 00 Fax: 0490-237 66

Pentronic AB Bergsliden 1

SE-593 96 Västervik

VAT no: SE 556042514101

Säte: Västervik