

Claim request



Your contact person at Pentronic	Customer order no	Customer claim no:
	Pentronic order no: (to be filled in by Pentronic):	RMA-nr (to be filled in by Pentronic):

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)
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 installed?

Yes

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

Person

Phone no and mail address

Delivery address:

Please return the product with this form to:

Pentronic AB
Bergsliden 1
SE-593 96 Västervik