

REPAIR / COMPLAINTS FILING

Dear customer,

Please note: In order to smoothly and quickly process complaints and repairs we need you to fully complete this work slip.

Reference	Repair	Complaint
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CUSTOMER (to be filled in by the customer)

Company / name

Customer no.

Contact

Phone

Street / house no.

Fax

Post code / place

E-Mail

RETURNED ITEM(S)

Quantity	Item no.	Designation	Serial number

FAULT DESCRIPTION (must be filled in)

Please always include a copy of the invoice with any repair / complaint filing and / or present the original invoice on request.

(Place, date)

(Customer signature)

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