



QUALITY CLAIM FORM

F-820-0012-E0

Claim . _____

Date . _____

Reason for Claim ☐ Quality Problem

☐ Wrong part no

Part number in claim _____

Sales Associate _____

Company Name _____ Customer # _____

Order No _____

Invoice No _____ Date _____

Part No _____ Description _____

Qty Claimed _____ Machine Model _____

Date of Installation _____ Serial No _____

How many hours was the part used _____

Please describe the problem below. Please detail the reasons why you suspect the part has failed. Any plans, parts pictures, etc. to help us resolve this claim. attach additional documents. If the part is dimensionally incorrect, specify the incorrect and correct dimensions.

Contact Telephone / Fax / e-Mail _____
