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| **CUSTOMER IDENTIFICATION** |
| COMPANY NAME: |   |
| ADRESS (where the goods can be picked up when returned): |   |
| CONTACT PERSON: |   |
| E-MAIL: |   |
| PHONE NR.: |   |
| **IDENTIFICATION OF GOODS** |
| PRODUCT NAME: |   |
| CUSTOMER ORDER NR.: |   |
| ARTICLE NR.: |   |
| REEL NR.: |   |
| PRODUCTION DATE: |   |
| **FAILURE IDENTIFICATION** |
| DESCRIPTION OF THE COMPLAINT:  |
| CLAIMED QUANTITY: |   |
| ATTACHED DOCUMENTS, PHOTOS:  |
| **SETTLEMENT OF THE CLAIM** |
| GOODS RETURN, CREDIT NOTE: |   |
| SCRAP AT CUSTOMER (scrapping report to be sent to Nordfilm), CREDIT NOTE: |   |
|  |  |
| Date:  | Signature:  |