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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: |