

- Returns application*
- Complaint

Machine number and type:

Operating hours, unit: Mileage: Operating hours, engine 1:

Value of tamping counter: Operating hours, engine 2:

Reason for return/complaint?

- Wrong delivery Wrong order Catalogue error Transport damage Other

Remarks/Explanation

Shipping number:

Parts/components concerned?

Pos.	Quantity	Part no.	Designation	Serial no.
1				
2				
3				

How can we reach you directly in case of queries?

Company:

Contact person:

Telephone number:

E-Mail address:

Received by:

Date:

Processed by:

Date:

Customer, Date/Signature:

To be able to process your return or complaint swiftly, all form fields have to be completed. *Please do not return until you have spoken to your contact at Plasser Robel Services

Please do not fill in. This area is for internal use by Plasser Robel Services. Return number:

Date of receipt: Material check ok? Yes No

Received by: Processed by:

DPM: Signature/Date:

DPM: Signature/Date: