

WARRANTY CLAIM / GOOD WILL CLAIM

Please fill in this form completely and be sure to include it in any returned deliveries.
This will help us process your claim more quickly. Thank you.

Warranty claim Good will claim Your reference: _____

Products/addresses:

GRUNDODRILL / GRUNDOMAT / GRUNDORAM / GRUNDOCRACK / GRUNDOBORE:
Customer centre Lennestadt, An der Karlshütte 1, 57368 Lennestadt, Germany
GRUNDOBURST: Customer centre Lützen, Gutenbergstraße 2, 06686 Lützen, Germany
E-Mail: Warranty@TRACTO-TECHNIK.de

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|--|---|
| <p>Claimant / TT partner: Customer number: Name: Street address: Postcode, City: Country: Contact person: Phone: E-mail:</p> | <p>Customer: Customer number: Name: Street address: Postcode, City: Country: Contact person: Phone: E-Mail:</p> |
|--|---|

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|--|---|
| <p>Machine type / item number: Serial number: Year of construction: Order or invoice number:</p> | <p>Delivery date: Date of damage: Operating hours: Additional warranty GRUNDOPLUS: Yes No</p> |
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Fault description / reason for return:

Attachments (e.g. photos; for drill rods: questionnaire about pipe claim)

Cost statement: Please include invoice copies and service reports.

| Designation | Quantity | Unit price | Total price |
|---------------|----------|------------|-------------|
| Working hours | | | |
| Travel time | | | |
| Kilometres | | | |
| Other | | | |
| Total | | | |

| Spare parts | | | | | | |
|-------------|---------------|----------|-------------------------|-------------------|------------|-------------|
| | Quantity | Item No. | Designation/Description | Order/Invoice No. | Unit price | Total price |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| | Total | | | | | |
| | Service total | | | | | |
| | Subtotal | | | | | |
| | VAT | | | | | |
| | Total price | | | | | |

If the claim is rejected, would you like the old parts sent back to you at your cost? Yes No

| | | |
|------------|-------------------------|---------------------------|
| | | |
| City, Date | Name in printed letters | Signature of the claimant |

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| <p>Internal processing comments Goods received on: TT transaction number:</p> | <p>Claim: Not accepted Partially accepted Accepted Credit number:</p> |
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