

Service request



Customer Name: _____ **Customer number:** _____
Address: _____ **Phone / E-Mail:** _____
Contact person: _____ **Date:** _____

The goods were delivered with:

Order number: _____ **Date of delivery:** _____
Article description: _____ **Article number:** _____
Quantity: _____ **Serial number:** _____
First use / Initial operation: _____ **Date of failure:** _____

Site of operation:

Operating company: _____ **Product/System:** _____
Address: _____
Contact:
Name: _____ **E-Mail:** _____
Phone: _____ **Fax:** _____

The article has been used for: (Application, flow medium, operating pressure, temperature etc.)

Claim (Please note that „damage“, „failure“ or „without function“ is not sufficient.)

Site of operation:

wishes to be contacted	<input type="checkbox"/>	wishes to be visited by a Hauhinco Service technician	<input type="checkbox"/>	sent article(s) back	<input type="checkbox"/>
------------------------	--------------------------	---	--------------------------	----------------------	--------------------------

All mandatory fields are marked red. Please fill out all remaining fields as completely as possible and send the form to the below mentioned contact. A reference number will be send to you afterwards.

Hauhinco Maschinenfabrik GmbH & Co. KG | Beisenbruchstraße 10 | D-45549 Sprockhövel | Germany
Phone: 02324/705-0 or -192 | Fax: 02324/705-119 or -154

By clicking on one of the following eMail addresses this form can directly be sent as an eMail attachment.

sales@hauhinco.de

service@hauhinco.de

Only completed forms with correct information can be processed. Unannounced returned goods lead to severe delays in the work process.

To be filled out by Hauhinco Maschinenfabrik:

Angenommen: _____
Eingangsdatum: _____
Bearbeitung durch: _____

Vorgangsnummer: _____

Status Serviceanfrage / Serviceeinsatz:

<input type="checkbox"/> Erfasst durch S	<input type="checkbox"/> Weiterleitung an V am _____	<input type="checkbox"/> Weiterleitung an T am _____
<input type="checkbox"/> Beanstandung ablehnen	<input type="checkbox"/> Kundendiensttermin	
<input type="checkbox"/> Gewährleistung	<input type="checkbox"/> Umtausch	<input type="checkbox"/> siehe Anlage