

Warranty Claim

Attention: Mrs. Kathrin Fritzsche
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Your name: _____
 Your ref.: _____
 Date: _____
 Company: _____
 Address: _____

 Phone: _____
 Fax: _____
 E-mail: _____

Device type: _____
 S/N: _____
 Delivery date: _____
 Date installed: _____
 Date failed: _____
 Accessories: _____
 S/N: _____

Qty./ Unit	Description	S/N	Detail of fault	Actions taken	Purpose of transmittal*
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

* Reparation Replacement

End user: _____

Further remarks _____ Delivery address for returns _____

