

Claim

Please fill out in PRINT LETTERS!

Please send the part to the following address:

Fa. Zädow Automotive
Hydraulikmanufaktur
Tannenkoppelweg 1
16928 Pritzwalk OT Falkenhagen

Sender:

Customer Number: _____

Name: _____

Street, Nr.: _____

Post Code / City: _____

Item	Amount	Price	Billing number

What do you complain about the goods?

Important information for customers:

Please note that we need a detailed description of the fault for the exact fault diagnosis!

After the review, we will be happy to get in touch with you, we need a phone number or e-mail address:

(to be completed by Zädow Automotive)

acceptor:

Edited by:

Credit / shipped by:

Date, signature

Date, signature

Date, signature

