

# Claim

Please fill out in PRINT LETTERS!

Please send the part to the following address:

ABCPARTS 24 GROUP LLC Corp.  
authorized to represent  
Hufenweg 1  
D-19288 Ludwigslust

Sender:

Customer Number: \_\_\_\_\_

Name: \_\_\_\_\_

Street / Nr.: \_\_\_\_\_

Postal Code / City : \_\_\_\_\_

Items	Amount	Price	Billing number

What do you complain about the goods ?

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## 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:

mobile: \_\_\_\_\_

e-mail: \_\_\_\_\_

(to be completed by ABCPARTS 24 GROUP LLC)

**Acceptor:**

**Edit by:**

**Credit / shipped by:**

\_\_\_\_\_  
Date / signature

\_\_\_\_\_  
Date / signature

\_\_\_\_\_  
Date / signature