



Frey Maschinenbau GmbH

# Returns form

FM 7.2.1.-12

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\*:Obligatory fields

Date: \_\_\_\_\_

Customer number: \_\_\_\_\_

Customer number: \_\_\_\_\_

Customer name and address\*:

Dealer name/Technician address\*:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Only for electrical parts)

Machine number\*: \_\_\_\_\_

Software version: \_\_\_\_\_

Machine operating hours: \_\_\_\_\_

Parameter set: \_\_\_\_\_

Reason for the return (Please mark with a cross\*)

Order/ Delivery note / Invoice number:

- Exchange price received
- Warranty / Goodwill replacement received
- New goods not required / to select
- Other reason for the return:

\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Error description /Malfunction / Cause, if known**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The following parts will be returned:

Article number	Part description	Quantity	Serial number

**!!ATTENTION!!** This form has to be printed out for ***each complaint*** and attached to the goods.  
If this is not done, your complaint ***will not be*** processed.