

Warranty Claim Form



Claim number:

You can ask for this at ERMAX A/S

** Must be completed*

*** If possible*

Date applied*:

Customer Name*:

Customer claim reference*:

Part number*:

Part description*:

Production date*:

Production code*:

Quantity defects*:

Date of installation*:

Date of dismantling*:

Where installed/used*:

Type of vehicle*:

Mileage (km) driven with product**:

Contact person*:

Telephone*:

E-Mail*:

Description of problem identified and information about picture/documentation*

In case of rejection, do you want parts sent back*:

Yes No

Please return parts to following address, Write on parcel "Att. Quality Department":

ERMAX A/S • Vrandrupvej 2 • 6000 Kolding • Denmark • +45 39696800

Put some foam material, bubble plastic sheet, or brushed carton in the parcel, in order to protect the products during transport.