

HOFFMANN INTERNATIONAL GROUP
WARRANTY CLAIM FORM

DATE :

CUSTOMER NAME :

TELEPHONE :

FAX/E-MAIL :

CONTACT PERSON :

CLAIM :

PART NUMBER/ DESCRIPTION OF UNIT :

SERIAL NUMBER :

HOFFMANN ORIGINAL INVOICE NUMBER :

Note : We cannot process a warranty claim without the serial number.

CUSTOMER INVOICE NO and DATE OF SALE (if applicable)

BRIEF DESCRIPTION OF CLAIM (FAULTY OR DAMAGED PART)

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ITEM RETURNED TO HOFFMANN (if applicable)

DATE :

TRANSPORT CO / WAYBILL NO

PLEASE COMPLETE CLAIM FORM AND RETURN TO HOFFMANN

INTERNATIONAL GROUP AT FAX : (011) 334 6585 / 334 1711

or e-mail: sales@hoffmannpower.co.za