

Customer claim form

Please return to e-mail
info@unipro.fi

Date _____

Company name (customer) _____
Address _____
Customer contact person _____
Mobile _____
Customer e-mail _____

Retailer _____
Unipro`s sales person _____

Object of defect

Product name _____
Electrical number of product _____
Number of defective items _____
Delivery address _____
(where products were delivered to)

Serial number *(if available)* _____
Invoice number _____
Invoice date _____
Delivery terms _____

Reason for claim

- | | | | |
|--------------------------|---------------|--------------------------|----------------------------|
| <input type="checkbox"/> | Delivery time | <input type="checkbox"/> | Product quality |
| <input type="checkbox"/> | Missing items | <input type="checkbox"/> | Handling or transportation |
| <input type="checkbox"/> | Package | <input type="checkbox"/> | Other |

Additional information (e.g. fault description, photos or videos as attachments)

Customer requirement: (e.g. credit note or replacement delivery):