Country TR SK IN BG

CUSTOMER CLAIM FORM

Customer Rep.

Customer

Unit

QC Unit

Delivery

FIRSTNAME LASTNAME ID

Attachment

Customer Requirement

Report Nr.

Report Date

Product Code

Product Name

Customer Authorized

Order No

Work OrderNo

Failure Cost

Sales Cost

NCR Nr.

Dispatched Date

Dispatched Quantity AD

Complaint Quantity

Complaint Date

EnpayBoard Pallete Nr.

Feasibility Form No:

Other

Description of Complaint

Delivery

FIRSTNAME LASTNAME

Related Department

Complaint Fault Code

Summary of Complaint

Investigation of Complaint

Corrective Action

Result Product will be repaired by customer Replacement Production Product will be used as it is Product will taken back and will be repaired by Enpay Product will be scrapped by customer

Cost of signed alternative/s above (EURO) **Decision**

Notes **Replacement Order No** **ENPAY's response**

Has written result been send to the customer? Yes No Are you waiting reply from customer? Yes No