VIEROL
AKTIENGESELLSCHAFT

warranty application form

Customer data:

Company: _____

Address: _____

_____

Phone: _____

Fax: _____

E-mail: _____

Your contact:

VIEROL AG
Customer Service – Export
Telefax: +49-(0)441-210 20 11310
warranty@vierol.de

File number VIEROL: _____

Please fill in the form **completely**, otherwise your enquiry cannot be processed!

Order data:

Your claim no.: _____
Your order no.: _____
Our order no.: _____
Delivery note/invoice no.: _____
Description: _____
VEMO/VAICO no.: _____
Claimed quantity: _____

Vehicle data:

Fitted on/km: _____
Removed on/km: _____
Car brand: _____
Car type: _____
First registration: _____
Cubic capacity: _____
Motor code: _____
HP/kW: _____
Other: _____

○ manual transmission ○ petrol engine
○ automatic transmission ○ diesel engine

Claim reason: _____

_____

_____

_____

Note: _____

_____

_____

Date: _____ Signature: _____

Pre-replacement made: ○ yes ○ no Date: _____ Delivery note: _____
In case of approval: ○ credit note ○ free replacement
In case of disapproval: ○ return of the product ○ to scrap

For a quick handling, the return of the completed form and damaged product to our address is absolutely necessary. In case of disapproval, all arising costs for an extern verification, e.g. by a laboratory or an expert, will be charged to your account.