

Warranty Claim Form

No.:

Kotte Landtechnik GmbH & Co. KG
Malgartener strass 36
49597 Rieste, Germany
Telephone +49 5464 / 96 11-0
Fax +49 5464 / 5735



Date:

Dealer:

Customer:

First name and last name:

Address:

Postal-code, city:

Please fill out this block completely, otherwise processing is not possible!

Type designation:

Machine no.:

Invoice number:

Invoice date – machine:

Delivery date – machine:

Date – damage incident:

Repair date:

Invoice number & invoice date – replacement:

Delivery date – replacement:

Defective parts sent back
 Yes No

Defective parts must be marked with name and warranty claim number.

Determined damage

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Tasks executed

Work time

Piece	Art. no.	Designation	Warranty credit memo
			Wage
			Parts
			VAT
			Total amount

Signature