## **Warranty Claim Form** No.:



Kotte Landtechnik GmbH & Co. KG

49597 Rieste, Germany			Date.			
Telephone +49 5464 / 96 11-0				Type designation:		
Fax +49 5464 / 5735			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			
Dealer:						
			stely, e	Invoice date – machine:		
			omple of pos	Delivery date – ma	chine:	
Customer:			out this block completely, processing is not possible	Date – damage incident:		
Customer:  First name and last name:  Address:  Postal-code, city:  Defective parts must be marked with name and the company of the company o				Repair date:		
A dalva co.				Invoice number & invoice date – replacement:  Delivery date – replacement:		
Postal-code city:						
			Plea	Defective parts ser	nt back Yes	□ No
Defective	e parts must l	be marked with name ar	nd warr	ranty claim numb	er.	
Determine	ed damage					
Tasks exe	ecuted				Work tim	ne
ruono oxo	,00.00					.•
Piece	Art. no.	Designation		Warranty credit memo		
					Wage	
					Parts	
					VAT	
					Total am	ount

Signature