



V. ORLANDI

S I S T E M I D I T R A I N O

V.Orlandi S.p.A. 25020 Flero (BS) Italy, Via Quinzano,3 Tel. +39 030 3582722, Fax +39 030 3582262 e-mail: orlandi@orlandi.it www.orlandi.it

WARRANTY CLAIM FORM

This Form shall be fully completed and sent to Company V.ORLANDI. This Form has to be accompanied with photos of the claimed product. Claims will not be considered unless accompanied by this Form. Any further information might be required.

| V.ORLANDI office use only | |
|---------------------------|--|
| WFC Nr. | |
| Date | |
| Part Nr. | |
| Value | |
| Policy | |

Att. to Mr. Date

| Dealer Details | |
|------------------|-----------------|
| Dealer name | |
| Address | |
| | State / Country |
| Contact person | |
| Phone / Fax | |
| e-mail | |
| Customer Details | |
| Customer name | |
| Address | |
| | State / Country |
| Contact person | |
| Phone / Fax | |
| e-mail | |





V. ORLANDI

S I S T E M I D I T R A I N O

V.Orlandi S.p.A. 25020 Flero (BS) Italy, Via Quinzano,3 Tel. +39 030 3582722, Fax +39 030 3582262 e-mail: orlandi@orlandi.it www.orlandi.it

Customer Claim (Short description of Customer Claim)

V.ORLANDI part number/s for Warranty Claim

| NR. | Part NR. | Serial NR. | QTY | UNIT VALUE (€) | TOTAL (€) |
|-----|----------|------------|-----|-------------------|-----------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| | | | | SUB. TOTAL | |
| | | | | GST | |
| | | | | TOTAL EURO | |

Eventual anomalies detected by the Dealer

Product/s general information

| | |
|---|--|
| Product invoice with invoice nr. | |
| Date of the invoice | |
| Product fitted on (DD/MM/YEAR) | |
| Product fitted by | |
| Product unfitted on (DD/MM/YEAR) | |
| Product unfitted by | |
| After KM | |



Capitale Sociale €637.000, P.IVA, Cod. Fisc., R.E.A., Reg. Imp. n. 00273270173
Società soggetta all'attività di direzione e coordinamento da parte della società CAM Brescia srl

