



Return and Complaint form

Date and reg no:

To be able to process your claim together with our manufacturers the unit must be within the warranty period and not destroyed by external factors. If the unit is within warranty and in good condition, we kindly ask you to fill out all the green fields in this form and return it to Stork Drives together with the returned goods. If you use your own documentation the following must be covered: telephone, e-mail, fault description, measure to be taken and a description of the application with operating mode and data such as voltage and current. If no such information is enclosed the unit may be sent back on your expense (scrapped if the contact info is unknown). Thank you for your cooperation!

Fields to be filled in by customer:		
Contact data: Company: Contact person: Contact e-mail: Contact phone.:		Your reference / identification number: Alternative contact person: Phone: e-mail:
Article and fault description		
Part number :	Description:	Quantity:
Fault description:		
Manufacturer:		
<input type="checkbox"/> maxon motor	<input type="checkbox"/> Haydon Kerk	<input type="checkbox"/> Isliker
<input type="checkbox"/> Dunkermotoren	<input type="checkbox"/> Scancon	<input type="checkbox"/> Others:
Measure to be taken:		
<input type="checkbox"/> Inspection with repair.	<input type="checkbox"/> Estimate of costs.	<input type="checkbox"/> Repair cost accepted.
<input type="checkbox"/> Analysis with report. (unit scrapped)	<input type="checkbox"/> Return due to wrong delivery.	<input type="checkbox"/> Only warranty repair accepted.
<input type="checkbox"/> Modification.	<input type="checkbox"/> Return due to wrong order.	<input type="checkbox"/> Return of rejected material. <small>(transport cost invoiced)</small>
Where did you notice the failure:		Operating mode and data:
<input type="checkbox"/> Incoming inspection.		Voltage: V
<input type="checkbox"/> Putting into operation.		Current: mA
<input type="checkbox"/> At end customer.		<input type="checkbox"/> Attached documentation included.
<input type="checkbox"/> During tests.		Other information:
<input type="checkbox"/> Others:		

Fields to be filled in by Stork Drives:		
Stork part number:	Description:	Quantity:
Fault description / Comments by Stork Drives:		
Other observations / data:		
<input type="checkbox"/> Packing of return insufficient.	<input type="checkbox"/> Returned part in bad condition.	<input type="checkbox"/> Parts from multiple suppliers.
<input type="checkbox"/> Customer information incomplete.	<input type="checkbox"/> Unit damaged by customer.	<input type="checkbox"/> Internal Stork Drives claim.
<input type="checkbox"/> Customer parts included.	<input type="checkbox"/> Pictures taken.	Manufacturing date:
Measure to be taken		
<input type="checkbox"/> Return to supplier	<input type="checkbox"/> Warranty claim accepted.	<input type="checkbox"/> Replaced with new unit.
IFS work order No:	<input type="checkbox"/> Goodwill claim accepted.	<input type="checkbox"/> Repaired with cost:
Supplier:	<input type="checkbox"/> Warranty claim rejected.	<input type="checkbox"/> Credit note issued.
Supplier RMA#:	<input type="checkbox"/> No fault found / According to specification.	Credit note No:
<input type="checkbox"/> Repair by Stork Drives	<input type="checkbox"/> Return to customer without repair.	<input type="checkbox"/> Unit scrapped
	<input type="checkbox"/> Return material to stock	<input type="checkbox"/> Others:
Claim close data:		
Claim report by: <input type="checkbox"/> e-mail <input type="checkbox"/> with return <input type="checkbox"/> details on deliverynote	<input type="checkbox"/> Returned to customer, date:	
Customer informed date:	Return handled by:	
Final comments:	<input type="checkbox"/> Claim closed, date:	