



# WARRANTY RETURN CLAIM FORM

DATE		CONTROL N°		GUIDE N°	
CUSTOMER				MADE BY	
SELLER				GUARANTEE	RETURN

Nº	CODE	DESCRIPTION	QUAN.	PRICE	TOTAL	INVOICE/DATE	DEFECT / OBSERVATIONS
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

SALES MANAGER	GUARANTEE DEPARTMEN	SUB TOTAL		NOTE
		TOTAL		
SIGNATURE	SIGNATURE			
DATE	DATE			