



LIFE IN MOTION////

PRODUCT CLAIM FORM

CONTACT PERSON:

COMPANY NAME:

ADDRESS:

TEL:

E-MAIL:

PRODUCT DESIGNATIONS

CUSTOMER'S DESIGNATION:

SERIES DESIGNATION ON THE PACKAGE: DATE OF PURCHASE ON INVOICE / RECEIPT NUMBER:

<input type="text"/>	<input type="text"/>
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PURCHASED QUANTITY OF THE PRODUCT: CLAIMED QUANTITY OF THE PRODUCT:

<input type="text"/>	<input type="text"/>
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DETAILED DESCRIPTION OF THE CLAIM REASON:

SPECIFICATION / CONDITIONS OF USE:

MACHINE / WORKSPACE OF THE PRODUCT:

WORK TIME UNTIL THE DISMANTLING:

AMBIENT TEMPERATURE: FITTING ON THE SHAFT: LOAD:

<input type="text"/>	<input type="text"/>	<input type="text"/>
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WORKING ENVIRONMENT: HOUSING FIT: ROTATION SPEED:

<input type="text"/>	<input type="text"/>	<input type="text"/>
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LUBRICATION METHOD: LUBRICANT: OIL:

Please fill out the form and send it to us at claim@bbcr.eu. Please attach photos of the rejected product to the completed form.

DATE:

SIGNATURE: