



CLAIM FORM FOR COMMERCIAL END-USERS and DISTRIBUTORS

The completion and subsequent return of this claim form is mandatory in all cases, in accordance with our Quality Service and ISO procedures. No claim will be considered without it.

- Section 1 applies to all claimants
- Section 2 applies to commercial end-users
- Section 2 and 3 apply to distributors

Claim Number

(Surtech use only)

Section 1: All claimants

Section 1 is to be filled out by all claimants

(tick)	<input type="checkbox"/>	Machine break down
	<input type="checkbox"/>	Warranty claim
	<input type="checkbox"/>	Damage in transit*
	<input type="checkbox"/>	Short or non-delivery
	<input type="checkbox"/>	Other:
Date of Claim		

*photographic evidence is required, clearly indicating the extent of the damage

Section 2: Commercial end-users

Distributors are required to fill this section in conjunction with section 3. Otherwise, this section is to be filled out by commercial end-users (direct sales)

End User Name			
End User Address			
Postcode			
Telephone No.			
Claimant		Claimant Email	
Machine Make/Model		Machine Serial No.	
Date Supplied			
Invoice No.		Delivery Note No.	

Surface Technology Products Limited
 244 Heneage Street, Birmingham, B7 4LY
 Telephone: 0121-359-4322 Fax: 0121-359-1817
 Registered in England No: 1009612. VAT No: GB 110 4209 36
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(section 2 continued – commercial end-users)

Description of damage/breakdown/problem

Section 3: Distributors

GENERAL COMMENTS CONCERNING CLAIMS FROM DISTRIBUTOR CUSTOMERS

Distributors are required to fill in section 2 and section 3

Under the Sale of Goods legislation distributors are obliged to resolve customers' claims and complaints. We can only act on your direction. We cannot deal with your customer claims directly. As a distributor, you are required to fill in sections 2 and 3 of this form.

We will consider your claim and advise you how best to respond to it. The duration of any warranty claim is calculated from the date of delivery to you. We require the return of this form as an instruction to us to investigate. If it is found that the product is not faulty we will issue an invoice for the costs incurred by us. This form will also act as proof to our supplier when we pass the claim to him.

Distributor Name			
Distributor Address			
Postcode			
Telephone No.			
Claimant		Claimant Email	

Machine Make/Model		Machine Serial No.	
Date Supplied			
Invoice No.		Delivery Note No.	

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