

FB Checklist Complaints

Company:

Contact Person:

Customer Number:

Fax:

Date: 03.02.2006

To whom it may concern,

for processing your complain we need the following informations:

(necessarily complete the highlighted boxes please (italic fond))

| Specification | Customer-Information |
|---|---|
| Reason for return: | |
| <i>Part-number:</i> | |
| Quantity: | |
| Manufacturing date : (see inscription on product) | |
| <i>Invoice number of shipment:</i> | |
| Application area: | |
| Application temperature: | |
| Control: | <input type="checkbox"/> yes <input type="checkbox"/> no |
| | If yes, please provide the type of control (e.g. adaptive control, intermittent control or other) |
| Type of application: | <input type="checkbox"/> continuous operation <input type="checkbox"/> interrupted operation |
| Power-on hours: (been in use) | |
| General Comments: | |
| <i>Contact Person:</i> | Name: Phone: |

We thank you for giving us the possibility to make a qualified cause analysis, by providing us this information. Thus we are now in the position to undertake potential necessary steps to ascertain and correct occurred problems.

This way we can improve in meeting your requirements and be a reliable and qualified partner for you in the future.

Please enclose this form with your return. We also kindly ask you to mark your return – package with “return”.

We assure you, that we will get back to your complain as soon as possible.

Sincerely
WATLOW GmbH