

WARRANTY APPLICATION FORM



Company name Branch

Customer name Date

City Contact person

ABS reference

Car make / model Year

Part was fitted for days /weeks / months and driven for kilometers / miles

Description of complaint

.....

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Brake calipers only		
1. Leakage		
1.1 Piston	<input type="checkbox"/>	
1.2 Bleeder valve	<input type="checkbox"/>	
1.3 Lever	<input type="checkbox"/>	
1.4 Casing	<input type="checkbox"/>	
2. Jamming		
2.1 Piston	<input type="checkbox"/>	
2.2 Lever	<input type="checkbox"/>	
2.3 Guide pin/bolt	<input type="checkbox"/>	
3. Piston does not move when hand brake lever is actuated		<input type="checkbox"/>
4. Excessive play on guide pin/bolt		<input type="checkbox"/>
5. Other:		

If this warranty is denied, please send the article back to me at my expenses. Yes No

- REQUEST WITHOUT RMA NUMBER WILL NOT BE PROCESSED
 - INCOMPLETE FORM WILL NOT BE PROCESSED
- If the above points are not met, the item will be returned at your expense*

Please e-mail this form to export@abs-bv.nl to receive a confirmation with RMA number. To complete the warranty application please send us:

1. This form
2. The confirmation with RMA number
3. The article you wish to claim

If you have any questions, please contact our Sales Team: export@abs-bv.nl