WARRANTY REQUEST

CUSTOMER IDENTIFICATION

Customer:	Nº.	Location:	Date:

Responsible:	Contact:	Return Guide Nº.	Date:

FILTER IDENTIFICATION AND FAILURE

Reference:	Quantity		Invoice nº.	Date:

Vehicle	Brand	Model	Year	Engine

Assembly Kms.	Aplication Date	Date Failure	Disassembly Kms.

Workshop Responsible Assembly	Person to contact	Contact:

Description of the problem

TO BE COMPLETED BY THE TECHNICAL SERVICES OF QUALITY CONTROL

Report

Decision	Info Customer	Crédit Note Nº.	Date:

Supplier	Responsible	Date: