**COMPLAINT FORM
This form must always be filled in and sent along with returned products when making a complaint**

Axel Larsson Maskinaffär AB will accept returned products only after an agreement. Please contact Axel Larsson AB, purchase@axel-larsson.se for instructions on shipping that adverting goods. Always enclose a copy of the waybill. In other case the products shall be returned to Axel Larsson Maskinaffär AB, Truckvägen 12, 194 52 Upplands Väsby, Sweden.

|  |  |  |
| --- | --- | --- |
| Axel Larsson’s sales person | Date | Axel Larsson’s complaint number |
|  | 2020-12-16 |  |

|  |  |
| --- | --- |
| When was the defect detected? |  |
| Has a complaint been made earlier? |  |
| When was the product delivered? |  |
| When did you start using the product? |  |
|  |  |
| Axel Larsson’s order number or invoice no. |  |
| Axel Larsson’s item number in the order |  |
| Product |  |
| Article number |  |
| Customers complaint number |  |

|  |  |
| --- | --- |
| Company |  |
| Contact person |  |
| Telephone |  |
| E-mail |  |
| Customers complaint no. |  |

|  |
| --- |
| Short description of the defect: |
|  |
|  |  |  |
| The product has been installed | YES: [ ]  | NO: [ ]  |
| If the answer above is YES, the sender is responsible for the product to be clean from all hazardous contamination and safe to handle. Please attach safety instructions to the package in case hazardous media has been used in the product. We hereby certify that the returned product meets the safety requirements mentioned above. |

Date…………………………. Signature………………………………………………………………………………