


 Reference no.* Customer ref.

 Customer no. Date*

 Name of owner*

 Contact person*

 Phone no.*

 E-mail address

 Product*

 Serial number (Located on identification plate and declaration of conformity)*

 Date of defect*

 Delivery date

 Hours of use

Error description*:

Returned articles

Article number	Quantity*	Designation*

Desired action

Reference no.* Customer ref. Service/repair complete ☐ Yes ☐ No ☐Service case no. Workshop Contact person Phone number E-mail address Date Hours of work Price/hr Travel time Price/hr Distance (km) Price/km

Repair description:

Instructions :

1. Fill out your reference number. Contact the OilQuick claims department if reference number is missing. This number is necessary for processing the warranty claim.
2. Fill out the form, fields marked with * must be filled out, the rest contain information that simplifies the processing.
3. Pack the goods for return properly, attach the warranty claim form and send to:
 OilQuick AB
 Hede-Finnflovägen 10
 824 31 HUDIKSVALL
 Sweden
 Mark the package with the reference number.

Postal address:

OilQuick AB

Box 1055

824 12 Hudiksvall

Sweden

Visiting address

OilQuick AB

Hede-Finnflo. 6

824 31 Hudiksvall

Sweden

Delivery address:

OilQuick AB

Hede-Finnflo. 10

824 31 Hudiksvall

Sweden

Telephone:

+46 (0)650 153 40

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