



Case reference no.\*  Customer ref.   
Customer no.  Date\*   
Name of owner\*   
Contact person\*   
Phone no.\*   
E-mail address

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

Date of defect\*   
Delivery date   
Hours of use

Error description\*:

Returned articles	Article number	Designation*

Desired action

Case 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 in your reference number for your traceability. In the event of a return, contact OilQuick's claims department to obtain a deviation number. The number is necessary for the claim application to be processed.
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 case reference no.

Postal address:

OilQuick AB

Box 1055

824 12 Hudiksvall

Sweden

Visiting address

OilQuick AB

Hede-Finnflov. 6

824 31 Hudiksvall

Sweden

Delivery address:

OilQuick AB

Hede-Finnflov. 10

824 31 Hudiksvall

Sweden

Telephone:

+46 (0)650 153 40

Telefax:

+46 (0)650 148 84

Internet:

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