

Claim-Form

Pokolm Frästechnik GmbH & Co. KG

Quality assurance

Adam-Opel-Str. 5
33428 Harsewinkel

Germany

Internal
processing - no.:

Please complete this form and send it together with the goods you are claiming to above address.

Return delivery

Repair

Complaint

Customer – name:

Customer – no.:

Department:

Article – no.:

Document – no.
Pokolm:

Contact person:

Phone number:

Article – description:

Document – no.
Customer:

Delivery note and/or invoice must be included as a copy, required!

Comment:

Further comments possible on page 2.

Workpiece material:

Cutting speed v_c :

RPM n :

DOC a_p :

Arbor:

Coolant:

Air

Emulsion

Machine tool:

Table feed v_f :

Feed per tooth f_z :

Width of cut a_e :

Time of usage t_h :

Coolant:

Internal

External

Place/Date

Signature/Authorization



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Further
comments: