# Müller Warranty Claim

## Billing Address

| | |
|---|---|
| Customer Number at Müller* | |
| Company* | |
| Your internal Order No.* | |

| | |
|---|---|
| Date* | |

* characterized fields are obligation fields

## Warranty item

Müller model number/Version*

Model Serial No.*

Article No.*

Date of production, if available

Clicks (Printer)

## Description of Error/ Justification for Warranty Claim*

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- internally filled by Müller -

## Warranty Claim

☐ is justified

☐ is not justified

| | |
|---|---|
| Date | |
| Initials Name | |

## Reason

The Warranty Form is valid only in combination with an order form. "Your internal order number" must match both forms.

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