

Müller Order Form for Warranty Claim

Warranty parts¹
(E-parts)

☐ Standard Warranty

☐ Immediate Warranty

Billing address

Customer Number at Müller*	
Company*	
Name Buyer*	
Street, Number	
ZIP Code, City	
Country	
Mobile Number Buyer*	
Email for Order Confirmation*	
Your internal Order No.*	

* characterized fields are obligation fields

Delivery address, if different from billing address

Customer No. Delivery addr.	
Company	
Name Contact Person	
Street, Number	
ZIP Code, City	
Country	
Phone	

Date of Order*	
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Order items

Pos	Piece	Article No.	Article Description
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

UPS Shipping

Day of Delivery Required transfer to UPS		Delivery Type EU < 72h EU < 48 h		Partial Delivery
		<input type="checkbox"/> Standard	<input type="checkbox"/> Express	<input type="checkbox"/> yes

Comment

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Please send the completed form to: spareparts@mueller-phs.com

If you have any questions, please call +49 8166 670 400

¹ The form "Warranty Claim" is also required.