

EXPORT CLAIM

¹Complaint sheet Nr.

² Customer: ³ Address: 	⁴ Client Nr. ⁵ Phone: ⁶ E-mail:
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Goods under claim:

⁷ Name of goods:	⁸ Type of package:	⁹ Pcs:	Inkjet	
			¹⁰ Date:	¹¹ Batch:
		¹² Orders number:	¹³ Delivery date:	¹⁴ Delivery Note / Invoice:

Defects:

¹⁵ Quality: a) improper taste <input type="checkbox"/> b) improper odor <input type="checkbox"/> c) improper tang <input type="checkbox"/> d) cloudy <input type="checkbox"/> e) sour <input type="checkbox"/> f) insufficient foam <input type="checkbox"/> g) excessive foam <input type="checkbox"/> h) impurities <input type="checkbox"/> i) other (s. Notes 18) <input type="checkbox"/>	¹⁶ Technical: j) damaged package <input type="checkbox"/> k) defect of packaging <input type="checkbox"/> l) fitting - defected sealing <input type="checkbox"/> m) fitting - loose <input type="checkbox"/> n) fitting - defected <input type="checkbox"/> o) tap head on keg <input type="checkbox"/> p) disabled pressure valve <input type="checkbox"/> q) keg without pressure <input type="checkbox"/> r) other (s. Notes 18) <input type="checkbox"/>	¹⁷ Other: (s. Notes 18) s) difference in quantity <input type="checkbox"/> t) short shelf-life <input type="checkbox"/> u) incomplete volume <input type="checkbox"/> v) other <input type="checkbox"/>
¹⁸ Notes: 		¹⁹ Other findings: Water in keg yes <input type="checkbox"/> no <input type="checkbox"/>

²⁰Date of finding:

²Issued by: ²²Date of report:

Claim evaluation:

²³ Accepted: (range)	²⁷ Refused: (reasons)
²⁴ Amount: ²⁵ Currency: 	<div style="background-color: #cccccc; width: 100%; height: 40px;"></div> <div style="display: flex; justify-content: space-between; align-items: center;"> small volume <input type="checkbox"/> </div> <div style="display: flex; justify-content: space-between; align-items: center;"> without defect <input type="checkbox"/> </div>
²⁶ Invoice/ Credit note: 	

²⁸Done by: ²⁹Date: