WILHELM STOLL **Gewährleistungsantrag** (STOLL-Nr.) **MASCHINENFABRIK GmbH** warranty claim no.: (no.from STOLL) Bahnhofstraße 21 D-38268 Lengede/Broistedt Tel.: 05344/20132 Fax: 05344/20137 E-Mail-Adresse: kd@stoll-germany.com Applicant: Customer: Serial: Тур.: Year of production: First operation: Your claim no.: Fax-Nr. / Fax no.: Operation hour: STOLL-customer-no. Date of failure: Date of repair: Complaint: Frontlader only: Type of tractor Supplied with invoice no.: Remedies according to jobcard no.: broken parts only to be Parts usage from invoice No.: returned upon request Not to be filled in Quantity Description spare parts no. (please always state) gross price from the applicant: Bermerkung: / Comment: Labour time (hours): Datum: **Unterschrift:** Date: Stamp/signature: These warranty claim will be dealed in accordance to our warranty conditions.