Transit **CLAIM FORM**

Date

Season _____
Client Name _____
Client Code _____
Agent **sue-vet AG**

Art. Nr.	Colour	Quantity	Unitary Price	Total Amount	Description	Comments
Total						

REASON: _____

_____ Col.Difference _____ Size Problem

_____ Not Ordered _____ Holes or other Production problem

SUGGESTION FOR SOLUTION: _____

☐ We authorize the return.

Susanne Röthlisberger
Signatur of Agent

AUTHORISATION NR. _____