

ATN Hölzel GmbH  
Service Department  
Brunnenstraße 3  
02736 Oppach  
Germany

**Sender details / contact person:**

Company:
Name:
Street:
Postcode / City:
Email:

Dear Ladies and Gentlemen,

we would like to offer you the best possible service to get your defective components back as quickly as possible.

In order to avoid unnecessary and time-consuming queries, we have drawn up the following questionnaire. Please complete this form and return it to us with the defective unit. Thank you for your support.

Your ATN Service Team

Product information:

Item no. / Drawing no.	Item description	Serial number	used adhesive

Reason for return (please tick)

- scheduled maintenance
  other reasons (please explain below)  
 defective (please explain below)

Fault description:
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How should we handle your return? (please tick)

- Inspection/repair and preparation of cost estimate  
 Warranty inspection/repair  
 Preparation of a test protocol with fault analysis

Comments:
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Place, date

Name / Department in block letters

Signature