

# Error Message Fax Form



## Orderer

Company: \_\_\_\_\_  
TROX client no.: \_\_\_\_\_  
Street: \_\_\_\_\_  
City/Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Telefax: \_\_\_\_\_  
Contact partner: \_\_\_\_\_  
Mobile tel: \_\_\_\_\_  
E-mail: \_\_\_\_\_

TROX GmbH  
Technical Services  
Heinrich-Trox-Platz  
D-47504 Neukirchen-Vluyn

For further inquiries:  
+49 (0) 2845 / 202 - 400

**Please send to Fax no.:**

**+49 (0) 2845 / 202 - 9400**

**return**

or send per E-mail to:

[ts@trox.de](mailto:ts@trox.de)

Warning! Please provide complete information in order to prevent unnecessary delays!

## Installation Site / Building Project / Delivery Address:

Company/Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
City/Zip: \_\_\_\_\_  
On-site contact partner: \_\_\_\_\_  
(AG representative)  
Telephone: \_\_\_\_\_ Mobile tel: \_\_\_\_\_

## Technical Information

TROX com. No.:  Pos. No.:  Year of manufacture:

TROX systems resp. building element type \_\_\_\_\_

Description of the situation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Request for:  Replacement parts delivery  On-site inspection  
 \_\_\_\_\_

**Important:** Please be aware that we will invoice the replacement measures (replacement part delivery, on-site inspection) individually, according to circumstances, at our known, valid prices and cost rates, after successfully reviewing the warranty claim for the transaction.  
If is determined that a warranty claim is effective upon the completion of the review, no invoice will be issued.

\_\_\_\_\_  
City / Date

\_\_\_\_\_  
ORDERER Stamp + Signature

Internal ProcessNo.: