

ONLINE FAULT NOTIFICATION

Please complete all entries with *.

Orderer

| |
|--------------------|
| Company: * |
| TROX client no.: |
| Your reference: |
| Street: * |
| City/Zip: * |
| Telephone: * |
| Telefax: |
| Contact partner: * |
| Mobile tel: |
| e-Mail: * |

Installation Site / Building Project / Delivery Address

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

Technical Information

| | | |
|-----------|------------------|---|
| DE | TROX com. No.: * |  |
| Pos. No.: | | |

Year of manufacture:

TROX systems resp. building element type: *

Description of the situation: *

Choose File No file selected

Request *

- Replacement parts delivery
- On-site inspection
- Telephone consultation

I agree to the processing of my personal data, according to the [TROX Privacy Policy](#) . *

Submit 

TROX GmbH



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myTROX Services

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Service-Hotlines

Sales Germany
and technical consulting
+49 (0)2845 202-0
[Contact](#)

Technical service
+49 (0)2845 202-400
[Contact](#)

TROX IN SOCIAL WEB