



Customer Returns Policy

QUALITY AND SERVICE

Foil Resistors places customer satisfaction as being of the utmost importance and an essential part to the success of Vishay Precision Group (VPG). VPG states its primary goal is "to exceed the expectations of our customers".

We continually strive to meet and exceed our customers' requirements and improve the effectiveness and quality of our products.

ANALYSIS REPORT

For the return of failed parts for analysis, the instructions below should be followed. In accordance with Vishay Precision Group Quality Procedure, a comprehensive analysis report will be provided within 10 working days upon receiving failed parts in any of the Foil Resistors Division facilities.

TRACEABILITY

In order to deal with your returned parts quickly and effectively, traceability details of the returned resistors are requested. The traceability form (attached) should be completed and sent to us by either fax or e-mail to enable locating all the necessary documentation to facilitate the investigation. A copy of the form should be sent to your Sales/Service Representative.

It is also required that a copy of this information be attached to the returned parts, which should be sent directly to us for analysis without delay.

RETURNED PARTS

The returned resistors are to be sent directly to the Foil Resistors Division (contact persons are listed below), and not via our distributors. This will help to avoid any unnecessary delays and provide you with a prompt response. If parts were purchased via a distributor, please inform them of your intention to return the parts.

CONTACT PERSONS

For any quality issue please contact the following persons:

Vishay Foil Resistors (Except NA Region)

Raya Kapelyan 2 Haofan St, Holon, 58814 Israel

PH: +972-3-557-0815 • FAX: +972-3-556-8116

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Vishay Foil Resistors (For NA Region)

Steve Phillips 63 Lancaster Ave Malvern, PA 19355 United States PH: +1-610-407-4812

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Vishay Foil Resistors



TRACEABILITY FORM

CUSTOMER INFORMATION			
Customer:		Date Sent:	
Contact Person:		Sent to:	
Tel. No.			
Fax No.			
Email Adress:			
Cust. Ref. No.:			
FAILURE INFO	RMATION		
Type of Compliant	[] Electrical	[] Mechanical	[] Visual
	[] Packaging	[] Label	[] Mixed Part
	[] Others:		
	~ For soldering compliant, please attach with cutomer's profile and soldering composition ~		
Point of Failure	[] Qualification	[] Incoming	[] Assembly
	[] Field Failure		
	[] Reliability:		
	Please indicate test conditions in which units were failed		
Test Conditions			
DEVICE INFORMATION			
Part Number:		P. O. #:	
Device Type:		Quantity of Failed Units:	
Date Code:		Quantity Sent:	
F. O. #:			
F. C. #:			

Please send us your completed form by email or fax to the appropriate contact person.