

WARRANTY CLAIM FORM

All warranty claims shall be submitted by filling in this form for each individual product deemed defective.

Date: [] VAT ID No: []
 Company: [] Tel.: []
 Address: [] Fax: []
 Contact person: [] E-mail: []

Information about the Product for which the warranty claim is submitted

Product description: []
 Product code: [] Serial number: []
 Transport document number: [] Date of transport document: []
 Order number: [] Invoice number: []
 End Customer (if applicable): []
 Machine model: [] Start-up date: []
 Hours of operation of the machine: [] Hours of operation of the product: []

Please provide a detailed description of the defect found:

[]

Attach photos of the Product and of its Identification Plate to the Warranty Claim form.

Reason for product return under warrantyProduct status

[] To repair [] To replace [] Second hand product [] New (never installed)

SACE's CASE FILE NUMBER: []

Field to be filled in by Sace Srl a Socio Unico

Date of case file receipt: [] Contact person: []
 Case file number: []