EXCIDOR

RETURN OF PARTS

Date:	•••••	Your return no:	•••••		
Reference:		Phone: E-r		nail:	
The case conce	erne.				
The case concerns.					
Return	V	Varranty	Check up		Repair
If warranty, please provide: (warranty claims reported after warranty date have been expired is void)					
Purchase on order/invoice: Delivery date:					
Deployment date:					
Support Case no#:					
Replacement purchase on order/invoice:					
Date of repair: Date reported to Excidor:					
Date reperted t	CXOIGOI	•••••••••••••••••••••••••••••••••••••••			
Send to: Sender:					
Excidor AB			Company:		
Industrigatan 7			Address:		
SE-821 41 Bollnä	is		Zip/City:		
Sweden			Country:		
Returned parts:					
Part no.	Cubicat			Serial no.	O o. atitus
Part no.	Subject			Seriai 110.	Quantity
Description of failure:					
<u> </u>					

Note!

To be able to seek compensation for cost of repair, the repair has to be of a kind that either: not can be performed by the machine owner/operator, or that broken unit can't be sent to Excidor for repair. Before starting the repair, the technician must contact Excidor support (+46 (0)278 511 569, support@excidor.se) and get a Support Case no#, to be written above in this document.