

WARRANTY CLAIM

Your Reference:

*Date of repair:

*Customer Name:			
*Street, ZIP, City:			
Phone:		E-Mail:	

*Machine brand	*Machine model number:	*Machine serial number:	*OperatingHrs.

*Sold date:		*Date of defect:	
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*Complaint symptom:

*Corrective Action:

Labor hrs.:

*Required spare parts:

*Part number:	*Description:	*Qty:	NOTE: If the spare parts are not from PROCHASKA, you must send a copy of the spare part invoice, with this claim!! !!PLEASE USE ONLY ORIGINAL SPAREPARTS!!

Warranty claimed from
[Name/company stamp]:

Street/Country/ZIP/City:

*Fields must be filled, to process the warranty claim.

Phone: +43 (1) 278 51 00-150

E-Mail: garantie@prochaska.eu