Member of FLODRAULIC GROUP

SACE

GUARANTEE REQUEST FORM

In case of warranty request, please fill in this form for each defective item

Date:
Company:
Address:
Reference Person:

Vat Number:
Phone.:
Fax.:
E-mail:

Information concerning the Product for which the guarantee is requested

Descriptive Product:
Product Code:
DDT Number:
Order Number:

Serial Number:
DDT Date:
Invoice Number:

Final Customer:
Machine model:
Working hours of the machine:

Start Date:
Hours of product work:

Describe the defect found:

Attach the photographs of the Product and the Identification Plate to the application form

Cause of Return in Warranty		Product Status	
Reparation	Replacement	Used	New (never mounted)

CASE NUMBER ASSIGNED BY SACE Srl:

Space Reserved to Sace Srl

Date of Receipt of Practice:
Practice number assigned:

Reference person :

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Iscritta al Registro delle Imprese di Bologna
Cod. Fisc. e P.IVA n. 01698441209 – Capitale Sociale i.v. € 100.000,00

Danfoss Power Solutions
Appointed Sales and Service Partner
Danfoss