

REQUEST OF ASSISTANCE

Q28

CUSTOMER	DEPT.
CONTACT PERSON	E-MAIL
PHONE N°	FAX NR.

MACHINE	
SERIAL NUMBER	
MAIN MOTORS WORKING TIME	AUXILIARY MOTORS WORKING TIME
YEAR OF PRODUCTION	

STATE OF WARRANTY UNDER WARRANTY OUT OF WARRANTY

MACHINE SHUTDOWN YES, FROM THE DAY: NO

PROBLEM TYPE		
<input type="checkbox"/> MECHANICAL	<input type="checkbox"/> ELECTRICAL/ELECTRONICAL	<input type="checkbox"/> PROCESS
INSTALLED SPARE PARTS		INSTALLED TOOL SET
<input type="checkbox"/> GENUINE		<input type="checkbox"/> GENUINE
<input type="checkbox"/> NOT GENUINE		<input type="checkbox"/> NOT GENUINE

PROBLEM DESCRIPTION

LIST OF THE REQUIRED SPARE PARTS

ATTACHMENTS PICTURES
 VIDEOS
 CYCLE PARAMETERS
 OTHER _____

DATE _____

SIGNATURE _____

NOTE: please return this form to email address service@melchiorre.net

NOTE: Depending on the duration/complexity of the request, we will charge You according to UCIMU standards