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CLAIM FORM

Kindly asking you to complete the form:

\*Name 1 pcs.

(completed name/dimension) (quantity)

Bought by

(company name) (date of purchasing)

\*defects

(claim description – types of defects)

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\*Processed material

\*Equipment angle grinder

(name and type of machines)

\*Parameters of machining:

\*power, kW.

\*depth of cutting, mm.

\*coolant (yes/no)

\*\*feed (auto/manual)

\*\*feeding speed, m/min.

\*\*rpm.

\*Responsible for operation:

(final customer)

\*Telephone:

Date of completed the form

Note:

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\*Claim accepted by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(signature) (name) (tel.)

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(Addition)

\* - mandatory field.

\*\* - a field that must be filled in when working on any equipment, except for angle grinders.

WARNING!!! The claim is not accepted if the fields "\*" and "\*\*" are not filled.