

Warranty Claim Form - WCF

(Form to be filled and returned within 30 days of machine repair)

For Mattei Use Only

Ticket no:

Ticket Opening Date:

Warranty: yes NO

Claim acceptance: yes NO

Ticket Closing Date:

PART A

Dealer

Company

Address

City

Region ZIP State

Customer

Company

Address

City

Region ZIP State

PART B

Warranty state

Model

Serial number

Start up date

Operating mode

Working hours Load hours

Working pressure (bar)

Oper. Temp. Ambient Temp. Max. amb. T.

Lubricant

Other lubricant

Date of last maintenance

Environment quality 1 2 3 4 5

very bad excellent

PART C

Type of failure (choose one or more)

Unit seized High temp. Controller

Loudness Electrical failure Design failure

Oil seal loss Low air delivery Other

Oil loss Motor

What is the defect? (attach additional pages if need)

Documents No. pages

PART D

Work performed

Date performed

Is the compressor now working? yes no

Has the problem been solved? yes no

Do you need technical support? yes no
 (If yes, please use the technical support form)

PART E

Claim details Currency **Parts returned to MATTEI** yes no **Date returned**

Place a tag on each part that includes Ticket No.

| CODE | DESCRIPTION | QTY | For Mattei Use Only | | |
|------|-------------|-----|---------------------|-----------|-----------|
| | | | LIST PRICE | DISCOUNT% | TOTAL NET |
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LABOUR (hours) Cost/h Total

TRAVEL (hours) Cost/h Total

km Cost/km Total

PARTS TOTAL

TOTAL CLAIM