# HEXAGONE WARRANTY CLAIM

**Claim n° :**

Fax to: Hexagone

Fax n° : +331343411 50

**Informations Claim date: Distributor/Affiliate:**

**End user**

Claimant name:

|  |  |
| --- | --- |
| **Name:** |  |
| **Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_** |
|  |

**Robot**

Type: Serial n° \*

Purchasing date\* : I *I* Saling date\*: I I

Hour counter\* h

Returned part\*: \_\_\_\_\_\_\_\_\_\_\_ \_ Serial n° \*: \_\_\_\_\_\_\_\_\_\_\_ \_

New part\*: Serial n°\*: \_\_\_\_\_\_\_\_\_\_\_ \_

N° of the invoice for th new part\*:=====--=-===--=------==---==---

Technical comments:(ex. Part status, problem found, or any other comment helpful for our ar1aylse)

***"fields do be filled otherwise the claim will not be considered. Reminder-***

*~~The claim~~ must be returned to Hexagone Manufacture by fax and returned together with the part. A claim must be done for each part returned for analyse. The claim has to be precisely and clearely filled up respecting the claim process provided.*

**r-lh**

|  |  |  |
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| **Tel. +33 1 34 34 11 55** | **1-5 rue Michel Carre** | **RC B340824580** |
| **Fax. +33 1343411 50** | **FR - 95104 Argenteuil Cedex** | **Sire! 34082458000047** |
| **info@myhexagone.com**[**www.myhexagone.com**](http://www.myhexagone.com/) | **s.a.r.1 au capital de 500 000 ‹** | **TVA FR50340824580****APE 27902** |

HEXAGONE

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