

Warranty Application Form



Name and Address of
the Invoiced Applicant:

Delivery Address

Order Invoice No.:

Machine Model:

Machine Serial No.:

Description of the
Defect and
the Diagnosis:

Please specify the exact spare parts and quantities you presume might need to be replaced:

No.	Part No.	Quantity	Description	UB's Decision
1.				
2.				
3.				
4.				
5.				
6.				

Do not fill - reserved to United Bindery

Correspondence Number:

Date of Consideration:

Is Eligible?

Yes

No