



CLAIM FORM FOR NITROGEN GAS SPRINGS

Code: REC-C

Page: 1/1

Rev. 7

Date: _____



Nitrogen gas spring type

Ctlg. nr. _____

Q.ty of returned nitrogen gas springs _____

CSX	<input type="checkbox"/>	CSMX	<input type="checkbox"/>
SMLX	<input type="checkbox"/>	TOP	<input type="checkbox"/>
MSML	<input type="checkbox"/>	_____	<input type="checkbox"/>
CX	<input type="checkbox"/>	_____	<input type="checkbox"/>

NOTES CONCERNING NITROGEN GAS SPRING OPERATING

Actual operating stroke in mm. _____ Cycles/min. _____ Operated cycles _____

Has the nitrogen gas spring been lubricated? NO YES, every _____ cycles

Was the nitrogen gas spring fixed onto the base by means of screws? NO YES

The nitrogen gas spring was exposed with lubricants or pressing emulsions? NO YES

Has the nitrogen gas spring been dismantled or tampered? NO YES

Notes: _____

Resaler's Signature _____

User's Signature _____

YOU ARE KINDLY REQUESTED TO ENCLOSE COPY OF THIS FORM DULY SIGNED WITH EACH CLAIM. WE WILL OTHERWISE NOT BE IN A POSITION TO STUDY YOUR CLAIM AND LET YOU HAVE ANY KIND OF RESPONSE.

Bordignon's notes _____ RNCP nr. _____