

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. \_\_\_\_\_

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