

Warranty

Please copy and send with the device.

If the device breaks down within the period of warranty,
please return it in a cleaned condition with the complete warranty application, filled out.

Sender

Company:..... Phone:..... Date:

Address:.....

Contact person:

Manufacturer order-no.: Delivery date:

Device type:..... Serial no.:

Nominal capacity/nominal pressure:

Description of fault:

.....

.....

Type of fault:

1. Mechanical fault

- premature wear
- wear parts
- breakage/other damage
- damage in transit

2. Electrical fault

- loose connections such as plug connector or cable
- operating elements (e.g.. switches/buttons)
- electronics - corrosion

3. Leaks

- connections
- dosing head

4. No or inadequate function

- defective diaphragm
- other

Service conditions of the device

Point of use / system designation:.....

Accessories used (Suction line, etc.):.....

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.....

Commissioning (date):.....

Duty period (approx. operating hours):.....

Please describe the specifics of the installation and provide a simple diagram with details of the material, diameter, length and levels.