exact
Pipe Cutting System

Repair Card

End Users: Please complete all areas marked in red.
Authorized Warranty Repair Center: Please complete all areas marked in blue.
Please note: Pack the item(s) securely. Do not send the Pipe supports with the saw.

Date Shipped dd. mm. yy. _____ **Date Received** dd. mm. yy. _____

End User Contact Information:

Company name: _____
Company address: _____
City: _____
State / Province: _____
Country: _____
Contact name: _____
Phone number: _____
Email address: _____

Authorized Warranty Repair Center Information:

Company name: _____
Company address: _____
City: _____
State / Province: _____
Country: _____
Contact name: _____
Phone number: _____
Email address: _____
Technician name: _____

Exact Product Type: _____ **Serial number:** _____ **Date of Purchase:** dd. mm. yy. _____

The pipe type being cut at the time of failure: _____

Failure reported by End User:

Please return the saw blade *that you were using at the time of failure.*

Failure found by Authorized Warranty Repair Center.
Please add photos of the broken parts / machines.

Authorized Warranty Repair Center considers this repair case as warranty: Yes ☐ No ☐

Spare parts used

Part n:o	Description	Pcs

Repair Number: _____

Warranty costs

The price of labor / hour	
Number of hours worked	
Labor cost total	0
Spare parts costs	
Return transportation costs	
Other costs	
Warranty costs total	0

Your invoice/reference # _____

Date Shipped to end user dd. mm. yy. _____

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