

After sales request

BAX SAV N°		This document must be filled by ACS representative or by the customer and enclosed with the shipment of the defective part.	
Customer :		Location:	Date:
Representative:		Phone number:	Customer number.:
Distributor:		Project number	
Maschine type :		Reference:	
		Serial number:	
Defective part :		Part number:	
Defect description :			
Use description			
Sheets thickness (punch side first)	mm	sheet 1: sheet 2: sheet 3:	
Sheets material (type, DIN number, and hardness if possible)		sheet 1: sheet 2: sheet 3:	
Number of cycles executed with the defective part			
air pressure (at the entrance of the booster)	bar		
Effective St value	mm		
Other information, comment			
Enclosures:		Sent samples <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Gray fields are not necessary if it is only tools	