



Dealer _____	Claim N°: _____	Date : _____
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Customer's Name : _____ Customer's Adress : _____

tél : _____

The customer has the User Handbook ? yes no

 <p>Product Serial Number: _____</p> <p>Installation Date: _____ ⇨</p> <p>Failure Date: _____ ⇨</p> <p>Main Cylinder Circuit _____ ⇨</p> <p>Sercondary Cylinder Circuit (if existing) _____ ⇨</p> <p>Rotation Circuit _____ ⇨</p>	<p>CARRIER </p> <p>Model: _____</p> <p>Application : _____</p> <p>Working hours : _____</p> <p>Working hours : _____</p> <p>Pressure : / bars Flow: / L/mn</p> <p>Pressure : / bars Flow: / L/mn</p> <p>Pressure : / bars Flow: / L/mn</p>				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Hyd. Breaker ⇨ Pressure: _____ bars</td> <td>Flow: _____ L/mn</td> <td>P Gaz Chamber: _____ bars</td> <td>P Accu': _____ bars</td> </tr> </table>		Hyd. Breaker ⇨ Pressure: _____ bars	Flow: _____ L/mn	P Gaz Chamber: _____ bars	P Accu': _____ bars
Hyd. Breaker ⇨ Pressure: _____ bars	Flow: _____ L/mn	P Gaz Chamber: _____ bars	P Accu': _____ bars		

FAILURE DESCRIPTION	_____
REASON FOR FAILURE	_____
REPAIRS	_____

AE PART N°	DESCRIPTION	QTY	REPLACEMENT DATE	ORDER N°

AE FACTORY USE	SUM-TECH FACTORY USE
N° SAV : _____ Request of analysis ST <input type="checkbox"/> ⇨	N° RC: _____
Claim dispo: Approved <input type="checkbox"/> Refused <input type="checkbox"/> Partially <input type="checkbox"/>	Claim disposition: Approved <input type="checkbox"/> Refused <input type="checkbox"/> Partially <input type="checkbox"/>
Remarks: _____	Remarks: _____

This Claim Form must be returned to ARDEN within 7 days after the completion date
All defective material which is replaced must be returned to ARDEN if requested.