

Seq. No. RF EN

ANEST IWATA Deutschland GmbH  
**Technical Service**  
 Mommsenstraße 5  
 Germany - 04329 Leipzig

*Important Notes*

Please fill out the questionnaire completely and send it with the product to ANEST IWATA. **Pre-clean the product to remove harmful materials.** Use for each repair a separate questionnaire. For your inquiries you can contact ANEST IWATA by phone +49 341241443-0 or by mail [info@anest-iwata.de](mailto:info@anest-iwata.de).

distributor- / customer data

company name
street, No
postal code, city / country

contact person (name, first name) \_\_\_\_\_

phone number \_\_\_\_\_

fax number \_\_\_\_\_


mail address \_\_\_\_\_


customer number \_\_\_\_\_


product data


product / model \_\_\_\_\_ serial number (if available) \_\_\_\_\_ commission \_\_\_\_\_

repair data Please tick  or circle

gun does not spray 

intermittent spray pattern 

defective spray pattern 

please tick 

gun is leaking

air escapes

product is damaged

other (can be also circled in the image of the gun ):

\_\_\_\_\_

\_\_\_\_\_

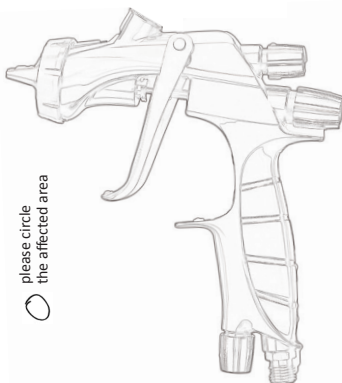
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



further action

<input type="checkbox"/> We wish your cost estimate <b>including</b> the optional gentle ultrasonic cleaning.	<input type="checkbox"/> Deviating address for the return:	_____
<input type="checkbox"/> We wish your cost estimate <b>excluding</b> the optional gentle ultrasonic cleaning.		company name _____
<input type="checkbox"/> by mail to a.m. mail address		street, No _____
<input type="checkbox"/> by letter to a.m. postal address		postal code, city / country _____
<input type="checkbox"/> by fax to a.m. fax number		

city, date \_\_\_\_\_ signature \_\_\_\_\_

Original, please enclose the consignment  
Remain at ANEST IWATA