



CLAIM FORM FOR SPRINGS

Company: _____	Date: _____	Purchase Date: _____
Are samples available? YES <input type="checkbox"/> NO <input type="checkbox"/>	Spring Type YY <input type="checkbox"/> MY <input type="checkbox"/> KY <input type="checkbox"/> SY <input type="checkbox"/> AYY <input type="checkbox"/> GY <input type="checkbox"/> — <input type="checkbox"/> — <input type="checkbox"/>	Product Dimension _____

NOTES ON CONDITIONS OF USE OF SPRING

Pre - load (mm) : _____ **Working stroke (mm) :** _____ **cycles/ min :** _____

Was the spring guided YES NO **for how many (mm)** _____

Was the spring modified before assembling YES NO **specify in the notes** _____

Maximum spring working temperature: _____

Nr. Of springs assembled in the same tool :	Nr. Of broken springs :	Nr. Of cycles performed:
_____	_____	_____

User's Notes : _____

Guvenal's Notes : _____

User's Signature _____

