

SPACE RESERVED TO THE CLIENT		
Company Name	Contact Person	Telephone
SUPPLY IDENTIFICATION REFERENCES (fill out at least one reference in addition to the serial numbers)		
Order Confirmation nr.: _____ date: _____	Delivery Note nr.: _____ date: _____	Invoice nr.: _____ date: _____
Products Serial Number: _____		
TYPE OF SERVICE REQUESTED / ISSUE DETECTED		
(Please describe in detail the requested service/activity or the issue detected)		

SPACE RESERVED TO GESTECNO s.r.l.	
RMA Code. nr. _____ date: _____	Assigned technician: _____
IDENTIFICATION OF THE POSSIBLE ISSUE AND PROPOSED INTERVENTION	
Time spent: _____ The technician: _____	
SPACE RESERVED TO THE TECHNICAL ASSISTANCE DEPT.	
Service/Repair: ☐ under warranty ☐ out of warranty	Quotation nr.: _____ date: _____ Order Confirm. nr. _____ date: _____ The technician: _____
SERVICE CARRIED OUT	
Materials used: _____	
Time spent: _____ The technician: _____	