

Repair enquiry (Please fill in the details where known)

Enquiring company / contact details

Name / Firm: _____ Customer Nr.: _____
Street: ZIP Code: _____ Phone: _____
_____ Fax: _____
Ansprechpartner: _____ E-Mail: _____

You will receive the following product from us

For Storz cylinders, the order number and the quantity are sufficient.

Commission-Nr.: _____ Pos.: _____ Units: _____

Third-party rodudt

Count: Dimension: _____ Piece
Piston-Ø _____ mm
Plunger-Ø _____ mm
Stroke _____ mm
Operating Pressure: _____ bar
Operating Medium: _____
Producer: _____
Description: _____

Reason for delivery / additional Information

Scope of repair required

- Funktional (Complete overhaul, including a final hydraulic test)
 Funktional and Visual additionally prime in RAL 7035 (Storz-Standard)
 Different paintwork RAL _____
 Additional acceptance report
 Repair once the quote has been approved
 Repairs up to a total of _____ €
 If this amount is exceeded, please get in touch.
 Preferred delivery date

City: _____ Date: _____ Signature: _____

Please note: Please refer to our Terms and Conditions and Repair Terms.

