



ROBOT SYSTEM
a u t o m a t i o n

**ORIGINAL
PARTS**

SPARE PARTS FORM
spare@rsarobot.it

R-CODE: _____
by RSA

DATE _____

All information must be shared with RSA in a written form

Company Name _____

Factory shipment address _____ Cap _____

City _____ Province _____ State _____

Telephone _____ Fax _____ mail _____

Courier _____

Customer contact _____

MACHINERY INFORMATION

RSA Serial N° _____ Device Type _____

WARRANTY YES NO Service Contract YES NO Contract type _____

SPARE PART IDENTIFICATION

Code parts (if yet identified) _____

Main Area / Specific location _____

Spare parts requested due to: _____

Please enclose 3 pictures required from RSA Tech.dept.: frontal,45° lateral, one step back

Signed

ROBOT SYSTEM automation srl

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