



CS Series CybaSMART Controller
Circuit Board Module
Warranty Claim Form

Date: / /

Customer Name: _____

Customer Address: _____

Service Organisation: _____

Address: _____

Phone: _____ Mobile: _____

Contact Name: _____

Original PCB Serial Number:	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>						<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>						<table border="1"><tr><td> </td><td> </td></tr></table>		

Replacement PCB Serial Number:	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>						-	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>						-	<table border="1"><tr><td> </td><td> </td></tr></table>		

Brief Description of Fault:	_____

Baler Model:	_____
Baler Serial Number:	_____

PLEASE NOTE: FOR YOUR WARRANTY CREDIT ON THE REPLACEMENT PCB MODULE TO BE PROCESSED ALL FIELDS IN THE ABOVE FORM MUST BE COMPLETED. PLEASE RETURN ORIGINAL PCB WITH THIS FORM FOR WARRANTY CLAIMS.