



SERVICE REQUEST / AUTHORIZATION

Internal Use Only	Tech:
Service Order #	Date:

DAIHEN, Inc. Advanced Welding & Robotic Systems, 1400 Bauser Drive, Tipp City, OH 45371

Please complete ALL applicable & Email Service@Daihen-usa.com or Fax 937-667-0885 OTC DAIHEN, Inc. Attn: Service

End User:		Distributor: (If Applicable)	
Company Name:		Company Name:	
Contact Name:		Contact Name:	
Address:		Address:	
City:		City:	
State:		State:	
Zip Code:		Zip Code:	
Phone #:		Phone #:	
Fax #:		Fax #:	
PO# (see note 1):		PO# (see note 1):	
Warranty Requested	Yes <input type="checkbox"/> No <input type="checkbox"/> (See note 2)	Warranty Requested	Yes <input type="checkbox"/> No <input type="checkbox"/> (See Note 2)
E-Mail:		E-Mail:	
Description of Equipment:			
Controller Type:	_____	Serial Number:	_____
Manipulator Type:	_____	Serial Number:	_____
Weld Power Source:	_____	Serial Number:	_____
Software Version:	_____	Optional Software:	_____
System: (T60,E120,FW..etx.)	_____		
<i>Optional Equipment:</i>			
<input type="checkbox"/> External Axis	[Type: <input type="checkbox"/> 1 Axis Pos.	<input type="checkbox"/> Slider]	<input type="checkbox"/> Sensor Function
Other: _____			
Scope of Work:			
Installation:			
<i>Type of Support Requested:</i>			
<input type="checkbox"/> Supervision	<input type="checkbox"/> Hook-up/Set-up Assistance	<input type="checkbox"/> Start-up	
Number of Days Requested: _____			
Process/Programming:			
<input type="checkbox"/> Existing Program Modification/Enhancement	<input type="checkbox"/> MIG <i>Pulse or Non-Pulse</i>	<input type="checkbox"/> MAG	<input type="checkbox"/> New Program Creation
<input type="checkbox"/> Material Handling	<input type="checkbox"/> TIG Filler	<input type="checkbox"/> Plasma	
Wire Size: _____ Gas: _____			
Number of Days Requested: _____			
Maintenance:			
<i>Preventive:</i>			
<input type="checkbox"/> Annual Preventive Maintenance	<input type="checkbox"/> Third Year Preventive Maintenance		
Corrective: (Please complete the items below, be as specific as possible)			
<i>Operation at time of failure:</i>			
<input type="checkbox"/> Diagnostics	<input type="checkbox"/> Servo On	<input type="checkbox"/> Teaching	<input type="checkbox"/> Auto
<i>Type of Failure:</i> <input type="checkbox"/> Error	<input type="checkbox"/> No Servo On	<input type="checkbox"/> No Display	<input type="checkbox"/> Teach Not Possible
<input type="checkbox"/> Auto Not Possible	<input type="checkbox"/> Noise	<input type="checkbox"/> Position Deviation	<input type="checkbox"/> Vibration
<input type="checkbox"/> Unexpected Movement	<input type="checkbox"/> Other	_____	
Symptoms at time of failure:			

Error Code(s):			

Additional Information:			



Internal Use Only	Tech:
Service Order #	Date:

SERVICE REQUEST AUTHORIZATION & INSTRUCTIONS

I _____ of _____ hereby authorize DAIHEN, Inc., or a representative of DAIHEN, Inc., to provide such service and parts necessary, in the opinion of DAIHEN Inc., to resolve the issue(s) as indicated above. This authorization shall act as a Purchase Order for the above services, including travel and labor at DAIHEN, Inc.'s standard rates.

Signed: _____
Dated: _____
Title: _____

***Purchase Order number **must** accompany Service Request for work to be authorized and scheduled by DAIHEN, Inc. In the event of possible warranty situation, a PO number must still accompany service until determination of warranty can be established by verification of equipment serial number and actual cause of failure.

***Upon verification of equipment serial number and actual cause of failure, warranty may be given as appropriate by DAIHEN, Inc.