



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, State & Zip				City, State & Zip			
Phone #:				Phone #:			
Fax #:				Fax #:			
PO# (see note 1):				PO# (see note 1):			
Warranty Requested	Yes	No	(See note 2)	Warranty Requested	Yes	No	(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 Information: (i.e. ECO-ARC 200B)							
Optional Equipment:	External Axis	Type:	1 Axis Pos.	2 Axis Pos.	Slider	Sensor Function	
Other:							
Type of Support Requested:							
Troubleshooting			Hook-up/Set-up Assistance			Start-up	
Number of Days Requested:							
Process/Programming:							
Existing Program Modification/Enhancement				New Program Creation			
GMAW				TIG		Plasma	
Material Handling							
Wire Size:				Gas:			
Number of Days Requested:							
Preventive Maintenance:	Annual Preventive Maintenance		Third Year Preventive Maintenance		Six Year Preventive Maintenance		
Corrective: (Please complete the items below, be as specific as possible)							
<i>Operation at time of failure:</i>	Diagnostics / Boot up		Servo On		Teaching		Auto / Playback
<i>Type of Failure:</i>	Error		No Display		Teach Not Possible		No Servo On
	Auto Not Possible		Noise		Position Deviation		Vibration
	Unexpected Movement		Other				
Symptoms at time of failure:							
Error Code(s):							
Additional Information:							



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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: _____

NOTE 1: 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.

NOTE 2: Upon verification of equipment serial number and actual cause of failure, warranty may be given as appropriate by DAIHEN, Inc.