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Attn: Tim Johnson, Service Manager
E-mail: tjohnson@rixan.com
URL: www.rixan.com

PLEASE FILL OUT...PRINT...AND FAX OR E-MAIL TO Tim Johnson
Robot Repair Request Form

Customer Information

DATE: _____

COMPANY: _____ CONTACT: _____

PHONE: _____ FAX: _____

E-MAIL: _____

SHIPPING ADDRESS: _____

CITY: _____

STATE: _____ ZIP CODE: _____

BILLING ADDRESS: _____

CITY: _____

STATE: _____ ZIP CODE: _____

CUSTOMER P.O. NUMBER _____

Product & Problem Information

MODEL OF ROBOT: _____

ARM S/N: _____ CONTROLLER S/N: _____

DESCRIPTION OF PROBLEM: _____

RIXAN SERVICE DEPARTMENT USE ONLY:

Diagnoses: _____

Remedy: _____

This form **must be completed** and faxed or e-mailed to Rixan Associates, Inc. before system is shipped to Rixan's facility and evaluated by our Service Department. Please enclose a copy of this form in each robot box sent to Rixan for service. **All non-warranty work will have a \$400.00 charge for evaluation and creation of a repair proposal.** Rixan is not responsible for loss of programs, positions or parameters, Back your system up.

No COD or Freight Collect will be accepted at our dock unless pre-approved by the Director, Customer Service.

*** Insurance **will not be added** on return shipment **UNLESS** specified by customer on Purchase Order.