



MODULI DELLA QUALITA'

SERVICE FORM FOR TECHNICAL ASSISTANCE

Name and Surname : _____

Company name : _____

E - Mail : _____

Telephone : _____

Fax : _____

Ref. Our invoice number : _____

Product description: _____

We kindly ask You to fill in the following form in all its parts in order to give You a more effective answer to Your cutting problem. Thanks.

1. Bandsaw machine model: _____

2. Material to be cut (DIN, AISI, Werkstoff) : _____

3. Dimensions of material to be cut (H x L x W): _____

Shape of the material: solide or profile or pipes?



Single cut or boundle? _____

In case of boundle: max dimensions H x L: _____

4. Bandsaw blades used: _____

- Manufacturer name: _____
- Quality, dimensions, TPI, or shape of the teeth:

5. If You have used our product, cut it one time, lay it down and tell us which of the problem below You can see:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> it raises up on sides | <input type="checkbox"/> it is twisted | <input type="checkbox"/> it raise up and it is twisted | <input type="checkbox"/> it is cambered
 |
| <input type="checkbox"/> it is cambered
 | <input type="checkbox"/> cracks departing from the body | <input type="checkbox"/> cracks departing from gullet | |
| <input type="checkbox"/> all teeth are good | <input type="checkbox"/> some teeth are broken | <input type="checkbox"/> all teeth are broken | |

