

Form required warranty				
To be completed by the Customer	Customer:			
	Reference to Your Rendered Transport Document			Date:
	Purchase transport document			Date:
	Product Description			
	Our Code	Valve Code	Caliper Code	Rationalized Code
	Anomalous Details			
	Mounting Date		Vehicle	

Anomaly				
Reserved to Nuova Elle Emme s.n.c.				
	Approved warranty	YES <input type="checkbox"/> NO <input type="checkbox"/>	Repair	<input type="checkbox"/> replacement <input type="checkbox"/>
	Cost of repair		Approval	YES <input type="checkbox"/> NO <input type="checkbox"/>
	Approved by:			
	Replacement Details			
	Ref.Transport doc.		Date:	
Note				