

Movement document for repair order

Note: The repair can be carried out only with the duly completed movement document!
 Send back by e-mail to **service@tox-us.com** or by Fax to **+1 630 393 6800**.
 When returning by e-mail, you will receive a confirmation for your request.

Customer data

Company:

Name, First name:

Address:

Tel.: E-Mail:

Billing address (if different):

Order number (if available):

Technical contact person:

Information on the product (see type plate)

Type / Designation:

Material number / Serial number:

- Standard repair with estimate
- Emergency repair (extra charge, always without estimate)
- Claim Claim number:

Damaged or defect parts are disposed by TOX® PRESSOTECHNIK after diagnosis. If you don't agree please enter an appropriate annotation.

Description of fault / Reason for delivery**TOX®-Powerpackage** Preventive maintenance**TOX®-ElectricDrive** Mechanical defect Electrical defect Error report file *BugReport.zip* included in e-mail**Other products:**

Description:

Contact person at TOX® PRESSOTECHNIK: **Return**

Desired type of shipment for return:

- Standard
- Next business day
- Special transport
- Pickup in Warrenville IL

Address for shipment

Please send your device to the following address:

TOX® PRESSOTECHNIK L.L.C.
4250 Weaver Parkway
Warrenville, IL 60555