

Dear customer,

Please fill out this questionnaire completely and send it back to us. Many Thanks.

Fax : +49 (0)6196 / 569 44 520

e-mail: support@yaskawa.de

REQUEST  ORDER

PRIORITY : HIGH PRIORITY (BREAKDOWN)  STANDARD

CHOOSE A SERVICE: IN-HOUSE REPAIR  ON-SITE SERVICE  SPARE PARTS  OTHERS

Our Reference no: AP# Yaskawa customer no.: \_\_\_\_\_

*(If you do not have a YASKAWA customer number we request that you also fill out page 2)*

Machine-Manufacturer: \_\_\_\_\_

Machine-Type + Serial number: \_\_\_\_\_

Application Controller: \_\_\_\_\_

Complete delivery-address,  
contact person & phone no.: \_\_\_\_\_

Failure description : \_\_\_\_\_

Unit type + S/N number : \_\_\_\_\_  
(from nameplate)

Software of unit: \_\_\_\_\_

What is the alarm of the unit? \_\_\_\_\_

When does the alarm occur? \_\_\_\_\_

How often does the alarm occur? \_\_\_\_\_

Did you take some action  
before contacting us? \_\_\_\_\_

Do you have any other  
YASKAWA products in use? \_\_\_\_\_

Signature

Place/Date

**NEW CUSTOMER REGISTRATION FORM**

Dear customer,

We kindly ask you to fill in this questionnaire to register as a new customer and return it to us by fax or e-mail. Thank you for your co-operation.

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Company name  
+ Legal form:

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Delivery address:

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Invoice address:  
*(If not entered,  
delivery address  
is considered  
invoice address)*

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Proprietor / Director of Company:

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Contact person:

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Phone number:

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Fax number:

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E-mail address:

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Website:

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Branch / Kind of business:

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*For European customers only*

VAT-no. :

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*Intra-community-supply of goods accordant to § 6a UstG will be carried out only in compliance with the official requirements*

Signature

Place/Date