

SHIP TO:

RISO WARRANTY & REPAIR DEPT. 10 State St. Suite 201 WOBURN, MA 01801-1008 Tel: (978) 739-4303 Fax: (978) 774-8494

WARRANTY OR REPAIR
TRAVELER FORM

TRAVELER NO.
WR

4. ADDRESS	CITY	STAT	E Z	/ / CIP COUNTRY
5. PHONE 8. PART NAME	6. E-MAIL		7. PART NUMBER (YOU MUST ENTER ENTIRE NUMBER) (ONE PART NUMBER LIMIT PER FORM)	
9. SYMPTOM (MUST ENTER COMPLETE ERROR CODE)			10. SHIP (CIRCLE ONE)	REPAIRED PARTS ONLY
INCLUDE THE FOLLOWING FOR VERIFICATION: COPY OF SERVICE RECORD AND SAMPLE COPY, COMCOLO	R SERIES ALSO REQUIRE	ED ORIGINAL PRINT OF	PRIORITY TEST MODE 411 AND 401	STANDARD
		AIR REQUEST		
REPAIR ESTIMATE	NEI 7	III NEQUEST	AUT	HORIZATION STATEMENT
PLEASE REPAIR THE PART OFF MODEL NUMBER				I AUTHORIZE RISO TO SCRAP THE ABOVE PART IN EVENT IT IS DETERMINED UNREPAIRABLE
AND BILL UNDER PURCHASE ORDER NO.			_ [YES NO
DEALER/DISTRIBUTER SIGNATURE DATE				
CHECK ONE AND COMPLETE THE APPROPRIATE SECTION C. NEW MACHINE WARRANTY SECTION C. NEW PART W SECTION B		ARRANTY RT WARRANTY B / IBER	C MODEL NUMBER SERIAL NUMBER DATE OF INSTALLATION / COPY COUNTER INDICATION MASTER COUNTER INDICATION DATE OF MALFUNCTION / DATE	
TECH NAME	DATE	FINANCE DEPTC DIST. DEPTSHIP DEPT. SIGNATURE	REDIT	DISPOSITION REPAIRED UNREPAIRABLE CREDITED NO TROUBLE FOUND DATE FAXED/NOTIFIED CREJECTED / / DATE DATE