

Preferred action of approved claim (new parts, invoice, repair)

## **CLAIM FORM**

**Email** Phone number Customer **Contact person** Claim ID no. Important: Send the claim form to warrantyclaims@scaleaq.com to receive your ID number. **Product category** DO NOT ship any items to us before receiving your ID. Camera System Feeding System Other Sales Order / Invoice no. (Must be filled in). **Equipment** Serial number Error Cause of error

## Cleaning and disinfection

When was the error detected?

I confirm that the equipment has been cleaned and disinfected using approved disinfectants pursuant to <a href="mailto:the-list-published-by-the-Norwegian-Food-Safety Authority">the Norwegian Food Safety Authority</a>. ScaleAQ reserves the right to return goods and/or charge the customer for any required cleaning.

Image(s) (Upload images on page 2).

FILLED IN BY SCALEAQ:

**Feedback** 

Reviewed by Warranty granted Reference



Upload images	