



Warranty parts order form

*must be completed in full and faxed no later than 12:30pm (PST) for next day delivery

Fax to (510) 438-9238

Date: _____

Distributor: _____

Email _____

Name: _____

Phone: _____

ATM Serial number (SBOD/STAF): _____

Part Requested: _____

Error Codes: _____

Detailed Problem Description : _____

Ship Parts to: _____

Phone: _____

Special Shipping Instructions: _____

Tranax use only: RMA# _____ TIME: _____

NOTE: PARTS TESTING "NO PROBLEM FOUND" ARE SUBJECT TO CHARGES