

MOTOMAN ROBOTICS INTEGRATOR SHIPMENT NOTIFICATION FORM

Integrator Name: _____

Integrator Address: _____

Integrator Contact: _____

Telephone: _____

End User: _____

End User Address: _____

End User Contact: _____

End User Telephone: _____

Motoman Robot Model: _____

Manipulator Serial Number: _____

Controller Serial Number: _____

Date of Shipment to End User: _____

Motoman Robotics Work Order Number: _____

Motoman Robotics Invoice Number: _____

Application: _____

Industry: _____

Fax Form to: Yaskawa Motoman
c/o Order Entry
Fax: (937) 847-3411 or (937) 847-6277



Failure to complete form will cause end-user warranty to be valid from date of shipment of Motoman product to Integrator.