



Warranty Questionnaire

This document must be filled out for a warranty claim. The general purpose is to collect information that is pertinent to the warranty claim. This information will be used in efforts to better serve our customers.

Contact information

Name: _____

Company: _____

Address: _____

Address (2): _____

Date: _____

Title: _____

Telephone number: _____ Time to call: _____

Pager number: _____ Time to page: _____

Item Information

Manufacturer: _____

Model or Part Number: _____

Model or Part Number: _____

Serial Number: _____

Tool / Process Information

Tool Manufacturer: _____

Tool Model: _____

Area (CVD, Etch, Thin Films, etc...): _____

Process type: _____

Fail Mode information

Install Date: _____

Item failed on install? _____

Fail Date: _____

Wafer count if applicable: _____

Item failed on specific process or set point? _____

Symptom of failure:

Specific tool or process SPC (Statistical Process Control) fault:

Any additional information that may help resolve the issue, please elaborate:

For any questions regarding this document, please contact Customer Service at (512) 989-7007. Thank you for your business!

09/05/06 10:24 AM

(512) 989-7007

(512) 989-8118 Fax