

REPAIR FORM

Your reference #: _____

Date: _____

Company: _____ Local office: _____

Contact name: _____ E-mail: _____

Type of repair: Standard (21 days) Express (24h-72h)

PARTS FOR REPAIRING:

REFERENCE	NUMBER OF PARTS	DESCRIPTION AND IDENTIFICATION NUMBER
(1) _____	_____	_____
(2) _____	_____	_____
(3) _____	_____	_____
(4) _____	_____	_____
(5) _____	_____	_____
(6) _____	_____	_____

DETAILED DESCRIPTION OF THE FAULT:

(1) _____

(2) _____

(3) _____

(4) _____

(5) _____

(6) _____

RETURN ADDRESS :

Full name: _____

Address: _____

City: _____

Zip Code: _____

Attn: _____

Phone: _____

*Packages sent by customers freight collect will not be accepted.