

Service & Repair Request Form

Invoice address

Company name

Address 1

Address 2

Address 3

Postcode

Town

County (UK only)

Country

Your delivery address

Company name

Address 1

Address 2

Address 3

Postcode

Town

County (UK only)

Country

Contact person

Email address

Telephone number (including area code)

Your Order number or reference

Unit model

Unit Serial Number

Detailed explanation of fault

Backup required?* YES NO

MaxCare
SERVICE PLAN

Silver Gold Platinum

Premium No MaxCare Plan

Date of Purchase (DD/MM/YYYY)

Accessories included

Signature

Date

Name

Position

handheld

Handheld Group
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support@handheldeurope.com
www.handheldeurope.com

* If a backup is required, the service charge will be €70

An examination fee of €140 will be charged if an estimate of repair costs is requested, but a repair is not carried out.