

# handheld

## Serviceform

Invoice Adress

Delivery Adress

Contact \_\_\_\_\_

Phone \_\_\_\_\_

email \_\_\_\_\_

Fax \_\_\_\_\_

Your order number: \_\_\_\_\_

---

---

Type of unit \_\_\_\_\_

Serialnumber \_\_\_\_\_

Detailed explanation of fault

---

---

---

Is a backup wanted?\*   YES    NO

Is the unit under Warranty ?   YES    NO    Purchase Date: \_\_\_\_\_

Accessories that are included

---

---

Today's date

---

Signature

\* (If a backup is wanted, this service will cost 70 EUR).

\*\* (A examination fee of 140 EUR. will be charged if the customer would like a cost estimate but choose to not proceed with repair).