



Service order

Kindly fill in this form and attach to the products you send to us.

Delivery address

Company		Phone
Address	Zip Code.	City
Country	Contact	E-mail

Address for Invoice (if different to delivery address)

Company		Phone
Address	Zip Code.	City
Country	Contact	E-mail

Product

Type of machine	Machine number	Internal order number
Warranty	Internal machine marking	
<input type="checkbox"/> If warranty, receipt is required		
<input type="checkbox"/> Calibration	<input type="checkbox"/> Service	<input type="checkbox"/> Repair
Is cost estimate required? <input type="checkbox"/> Yes	<input type="checkbox"/> No	Date

Sent items	Fault description
<input type="checkbox"/> Verktyg typ/nr <input type="checkbox"/> Press jaw 12 <input type="checkbox"/> Press jaw 15 <input type="checkbox"/> Press jaw 18 <input type="checkbox"/> Press jaw 22 <input type="checkbox"/> Press jaw 28 <input type="checkbox"/> Press jaw 35 <input type="checkbox"/> Battery pc. <input type="checkbox"/> Charger	<input type="checkbox"/> Case <input type="checkbox"/> Press collar 42 <input type="checkbox"/> Press collar 54 <input type="checkbox"/> Press collar 76,1 <input type="checkbox"/> Press collar 88,9 <input type="checkbox"/> Press collar 108 <input type="checkbox"/> Adapter jaw 1 <input type="checkbox"/> Adapter jaw 2 <input type="checkbox"/> Other

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