

Return form for service

Date:	
Our service No.:	
Customer No.:	
Company / Name:	
Billing adress:	
Delivery address:	<input type="checkbox"/> Same as billing address
Contact person:	
Phone:	
E-mail:	
Your ref.:	

Tick boxes as appropriate:

- For analysis
- For repair
- Service unit in return (valid for units less than 2 years old)
- New unit

Item No.:	
Item description:	
Serial No.:	
Installation date:	
Error description:	

All costs connected with sending in goods for service to Staubo Elektro-Maskin AS, must be covered by sender.