

Service Application Form

Repair and Calibration

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Repair and Calibration
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Customer

Company: _____ Cust. Nr.: _____
 Address: _____ Return Address (if different): _____

 Contact person: _____
 Phone: _____ Fax: _____ E-Mail: _____

System Parts

Instruments:	serial number:	Task / Fault / Comments:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Works to be undertaken

- ☐ **Calibration**
☐ **Repair**
-
- ☐ Clean all system parts.
☐ Express Repair*
☐ Express return delivery**
☐ Send a cost estimate, if the costs exceed the sum of _____ €
 (otherwise proceed with the repairs without further enquiry).
☐ Send a quotation for Instrument Rental for the repair duration.
☐ Send a quotation for Rental if the repair requires more than _____ days.
☐ Send information concerning Training courses.

* We will give your order our prompt attention and complete it within 24 hours if possible (95,00 €)
 ** Postal service charges may be higher!

Place, Date

Signature