

## Repair acceptance form

For effective machining, please fill out the form and enclose it with the defective device.

Device:  Serial Nr:

new condition  used  fall damage  water damage

Company:

Address:

Zip code / City:

Telephone:

E-mail:

VAT ID:

accessories:

- warranty repair** (Only with purchase invoice !)
- paid repair**
- Cost estimate desired** (fee 94,00€ net plus tax, in case of rejection of the estimate )

### Error Description:

error constant  error sporadically  Long operation error

**Repairs under 94€ are carried out directly**

Date:

signature: