

# Repair Form

Please only send us well-cleaned and decalcified devices, since you could otherwise incur cleaning costs. For warranty claims please include the proof-of-warranty documentation (invoice copy). Please try to fill in all text fields. The more detailed you describe your technical problem, the better we will be able to help you. The fields marked with \* are mandatory and must be filled out.

\*Item-No. and designation \_\_\_\_\_

\*Date of purchase \_\_\_\_\_

\*Which malfunction is occurring? \_\_\_\_\_

When does the fault occur?  Immediately  After some Minutes

How often does the fault occur?  Always  Now and then

Always if : \_\_\_\_\_

Which function(s) of the unit is (are) especially important to you? \_\_\_\_\_

Do you operate this unit in combination with other units? If yes, which units are these? \_\_\_\_\_

\*Surname \_\_\_\_\_

First name \_\_\_\_\_

\*Street, house number \_\_\_\_\_

\*Country, ZIP, residence \_\_\_\_\_

e-mail \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

\*Date \_\_\_\_\_

Signature \_\_\_\_\_