

REPAIR SUBMISSION FORM

Billing address		Delivery address (if different)	
Company			
Street address			
ZIP code and city			
Contact person			
Business division			
Phone number			
E-mail address			
1. Device		Quantity	
Serial number		Reference	
Error description			
Cost estimate required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Max. costs	
Free disposal if irreparable?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
2. Device		Quantity	
Serial number		Reference	
Error description			
Cost estimate required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Max. costs	
Free disposal if irreparable?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
3. Device		Quantity	
Serial number		Reference	
Error description			
Cost estimate required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Max. costs	
Free disposal if irreparable?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Date		Signature	

Please fill in the form and include it with the consignment.
 Additionally, you can send the form to met-repair@otthydromet.com in advance.