

REPAIR SUBMISSION FORM

Please fill in block letters. Only one form per device.



Billing address

Company:

Street and street number:

Zip code and town/city:

Country:

Contact person:

Family name, given name:

Department:

Phone/fax number (if necessary):

E-Mail:

Delivery address (if different):

Device:

Product name:
e.g. WS500

Serial number:
z.B. 123.0815.0813.207

Your reference:

Detailed problem/error description:

Symptoms/ abnormalities:

(see also check list below)

Hardware:

- | | | | | |
|---|--|---|--|---------------------------------------|
| <input type="checkbox"/> device doesn't start | <input type="checkbox"/> device can't be addressed | <input type="checkbox"/> USB error/ failure | <input type="checkbox"/> Ethernet error/ failure | |
| <input type="checkbox"/> no measured values | <input type="checkbox"/> wrong measured values | | | |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | | | |
| Interface: | <input type="checkbox"/> RS232 | <input type="checkbox"/> RS485 | <input type="checkbox"/> UMB | <input type="checkbox"/> analogue |
| Mechanics: | <input type="checkbox"/> bracket | <input type="checkbox"/> casing | <input type="checkbox"/> display/touch | <input type="checkbox"/> other: _____ |

Software:

- bootloader firmware application
 only software update required

Error occurs sporadically (every _____ min / h / d) special environmental conditions: _____

Other remarks:

Desired service (please choose one only):

Standard repair: This is the **standard and usually the cheapest option**. G. LUFFT may choose between repairing and replacing the device. No cost estimate is made. If the expected repair costs exceed 50% of the original price, a new device will be offered.

Cost estimate If you want to have a **cost estimate, you should select this option**. For the preparation of a cost estimate (KV) an advance payment of €50 will incur in case of a non-execution of the offered repair service.

Other reason for return Please let us know the exact reason for return:

Date:

Signature:

Please complete the form and enclose it with the repair delivery.
You can send it to repair@lufft.de in addition.

Best regards - Your Lufft Service Team