

## 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		Qty	
Serial number		Reference	
Error description			
Cost estimate required?	Max. costs:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Free disposal if irreparable?		Yes <input type="checkbox"/>	No <input type="checkbox"/>

2. Device		Qty	
Serial number		Reference	
Error description			
Cost estimate required?	Max. costs:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Free disposal if irreparable?		Yes <input type="checkbox"/>	No <input type="checkbox"/>

3. Device		Qty	
Serial number		Reference	
Error description			
Cost estimate required?	Max. costs:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Free disposal if irreparable?		Yes <input type="checkbox"/>	No <input type="checkbox"/>

Date		Signature	
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*Please fill in the form and enclose it with the consignment.  
Additionally, you can send the form to [repair@lufft.com](mailto:repair@lufft.com) in advance.*