

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.