

Repair order

Date:

Customer no. :

Preferred completion date:

Your data

Company name:

Zip code, city:

Contact person:

Street:

Job position:

Phone:

Fax:

Email:

Return address (if different):

Device data

Manufacturer:

Model/type:

Serial no.:

Accessories:

Detailed error description:

Is the device still covered by warranty?

only w/ purchase receipt or publitec order no., otherwise processing at your expense / devices which were not purchased at publitec, € 30 handling fees will be charged

yes

no

Would you like to receive an estimate of costs?

Please note that € 75 handling fees will be charged. Full refund shall be done after full provision of the service.

yes

no

Promotional code/name, if applicable:

How would you like to realize the return transport?

will collect

dispatch by publitec
shipping costs and transport insurance extra

Miscellaneous:

Signature customer/authorized representative:

Please enclose complete form with the shipment!