

REPAIRS AND SERVICE FORM

MINOX

MINOX GmbH

Technical Service
Wilhelm-Loh-Str. 1
35578 Wetzlar
Germany

SENDER:

| | |
|------------------------|---|
| First & Lastname _____ | |
| Street address _____ | |
| Postcode & city _____ | Tel. No. _____ |
| State & Country _____ | Email _____ |
| Customer ID _____ | Order No. FOR DEALERS ONLY _____ |

DEFECTIVE DEVICE:

| | |
|---|--|
| Model description _____ | |
| Serial No. _____ | <input type="checkbox"/> Comfort Service registration is attached. |
| <input type="checkbox"/> Proof of purchase is enclosed. | <input type="checkbox"/> Please supply a cost estimate. |

DESCRIPTION OF PROBLEM:

To enable an accurate and timely cost estimate, please supply a precise error description.

| |
|-------------------------|
| _____ _____ _____ |
|-------------------------|

Please make sure to include your proof of purchase in the package. Without a proof of purchase, processing this claim is subject to a charge. Please understand that we can only accept your defective device **per post**.

THE FOLLOWING PART WILL BE FILLED IN BY MINOX

| | |
|---------------------|---------------|
| Reparatur-Nr. _____ | |
| Artikel-Nr. _____ | Box-Nr. _____ |
| Bemerkung _____ | |
| _____ | |
| _____ | |

| |
|-----------------------------------|
| KV – Reparatur / Austausch |
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|--|
| Kostenlos – Reparatur / Austausch |
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| | | |
|-----------------|---------------|-------------|
| Techniker _____ | Zielort _____ | Datum _____ |
|-----------------|---------------|-------------|