

# Repair Form

Please fill out a separate form for each device

<b>Customer Data</b>	
Company Name:	Customer ID:
Zip Code / City:	Street:
Country:	Contact Person :
Phone Number:	Email:
<b>Product information</b>	
Device Designation	Item Number
Description of the error (essential) <input type="checkbox"/> Frequency of occurrence	
<input type="checkbox"/> Return of replacement (not needed accessories please enclose)	
<b>Repair Service Selection:</b>	
<input type="checkbox"/> Repair covered under warranty (please attach proof of purchase)	
<input type="checkbox"/> Charged service (without cost estimate)	
<input type="checkbox"/> Provide an estimate of costs	
I have been informed, that a 25,00 € cost estimate will be charged plus reshipping fees. If a repair or a new/ replacement device is ordered, the charge will be dropped. If a repair under warranty is requested and that it is discovered during the inspection that the repairs fall out of the scope of the warranty, the request will be handled the same way as providing a cost estimate.	
Additional Information / Comments:	
<b>Transport/ Package</b> Please make sure the device is properly and adequately packaged and protected to avoid damages during transportation.	
<b>Service Address</b> Polytron Vertrieb GmbH, Langwiesenweg 64-71, 75323 Bad Wildbad, Germany	
<b>Date / Signature:</b> _____ <b>Stamp:</b> _____	