

REPAIRS AND SERVICE FORM

MINOX

MINOX GmbH

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

SENDER:

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

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**. To ensure safety during transport, please only ship your MINOX products without batteries.

THE FOLLOWING PART WILL BE FILLED IN BY MINOX

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

KV – Reparatur / Austausch

Kostenlos – Reparatur / Austausch

Techniker	_____	Zielort	_____	Datum	_____
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