

REPAIR FORM

Date: _____

Send back to: Linseis Messgeräte GmbH • Vielitzer Str. 43 • 95100 Selb / Germany

Instrument:

Serial No.: _____ / _____ Type of instrument: _____

Sent parts: _____

Description of errors: _____

Reason of delivery: Repair Return other reason: _____

Estimate of costs required: Yes No

Only for repair costs of more than: _____

Your address (or pin business card):

Company/Institute: _____

Street: _____

ZIP, City: (_____) _____

Country: _____

Your contact (or pin business card):

Name: _____

Department: _____

Phone: _____

E-Mail: _____