

Please send the form along with the damaged equipment

■ COMPANY DETAILS

| | | |
|----------------------------------------------------------|--|-------------------|
| Name: | | |
| NIP: | | |
| Address (street, number, postal code, city, post office) | | Shipping Address: |
| Personal collection of the device: | | YES/ NO |

■ CONTACT DETAILS

| |
|----------------------------------------------------|
| Last Name, First Name: |
| Phone Number: |
| Email: |
| Email of the person authorized to handle payments: |

■ DESCRIPTION 1. DEVICE

| | |
|--------|-------|
| Model: | Type: |
|--------|-------|

■ DESCRIPTION OF FAULT

| |
|--------------------------------------------------------------|
| Detailed description of the fault: |
| Error codes / information displayed on the screens (if any): |

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■ DESCRIPTION 2. DEVICE

Model:

Type:

■ DESCRIPTION OF FAULT

Detailed description of the fault:

Error codes / information displayed on the screens (if any):

■ DESCRIPTION 3. DEVICE

Model:

Type:

■ DESCRIPTION OF FAULT

Detailed description of the fault:

Error codes / information displayed on the screens (if any):