

Repair documents



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Client name and address				
Contact person			Client number:	
Telephone number		E-Mail:		
Device Type				
Serial number				
Is the following included?	<input type="checkbox"/> Casing	<input type="checkbox"/> Scanner	<input type="checkbox"/> Cable	<input type="checkbox"/> _____
Accessories with serial number				
Fault description				
Is there any visible damage?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, as following:		