

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	<table border="1"><tr><td></td></tr><tr><td></td></tr><tr><td></td></tr></table>						
Fault description	<table border="1"><tr><td></td></tr><tr><td></td></tr><tr><td></td></tr><tr><td></td></tr></table>						
Is there any visible damage?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, as following:	<table border="1"><tr><td></td></tr><tr><td></td></tr><tr><td></td></tr><tr><td></td></tr></table>				