

REPAIRS AND SERVICE FORM



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"/> Proof of purchase is enclosed.	<input type="checkbox"/> Comfort Service registration is attached.
	<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**.

_____ THE FOLLOWING PART WILL BE FILLED IN BY MINOX _____

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

KV – Reparatur / Austausch

Kostenlos – Reparatur / Austausch

Techniker

Zielerst

Datum