

Service & Repair Request Form

Invoice address

Company name

Address 1

Address 2

Address 3

Postcode

Town

Country

Delivery address

Company name

Address 1

Address 2

Address 3

Postcode

Town

Country

Contact person

Email address

Telephone number (including area code)

Order number or reference

Unit model

Unit Serial Number

Detailed explanation of fault

Backup required?*

YES

NO

Date of Purchase (DD/MM/YYYY)

Signature

Name

Position

MaxCare
SERVICE PLAN

Silver

Gold

Platinum

Premium

No MaxCare Plan

Accessories included

Date

handheld

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* If a backup is required, the service charge will be €70

An examination fee of €140 will be charged if an estimate of repair costs is requested, but a repair is not carried out.