

| | | | |
|--|----------------------------|-------------------------------|---------------|
| Title Request for service_repair | | | Page 1 (1) |
| Written by Jessica Nihl | Revised by Jessica Nihl | Approved by Nathalie Jangå | Edition 02 |
| Date 2018-02-09 | Date 2018-02-12 | Date 2018-02-12 | |

Request for service/repair

This form should be used for all matters relating to service and repair. It is available at www.srsafety.se under Contact

 Repair
 Service

| | | | |
|--|---------|--|---------|
| Case number* | | | |
| Information Distributor / Reseller | | Information Customer / End user | |
| Company | | Company | |
| Contact person | | Contact person | |
| Address | | Address | |
| Post code, City | | Post code, City | |
| Phone | Country | Phone | Country |
| E-mail | | E-mail | |
| Receipt enclosed? Yes <input type="checkbox"/> No <input type="checkbox"/> | | Date of purchase | |
| Product / item No, quantity | | | |
| Defect | | | |
| Working situation – What kind of contaminants and chemicals? Must be filled-in! | | | |
| N.B. The product is not allowed to be contaminated with dangerous substances. It has to be cleaned before it is sent to us! | | | |
| Does the customer want a quotation for the repair work? | | Ja <input type="checkbox"/> Nej <input type="checkbox"/> | |
| The customer is thus aware of the fact that he / she is responsible for the freight cost. | | | |
| Date of purchase | | Name | |

***Please contact us before you send in the product to receive a case number!**

This filled-in form should accompany the returned goods. Preferably send an advance copy to reklamation@srsafety.se