

REPAIR SUBMISSION FORM

Billing address		Delivery address (if different)	
Company			
Street address			
ZIP code and city			
Contact person			
Business division			
Phone number			
E-mail address			

1. Device		Quantity	
Serial number		Reference	
Error description			
Cost estimate required?	☐ Yes ☐ No	Max. costs	
Free disposal if irreparable?	☐ Yes ☐ No		

2. Device		Quantity	
Serial number		Reference	
Error description			
Cost estimate required?	☐ Yes ☐ No	Max. costs	
Free disposal if irreparable?	☐ Yes ☐ No		

3. Device		Quantity	
Serial number		Reference	
Error description			
Cost estimate required?	☐ Yes ☐ No	Max. costs	
Free disposal if irreparable?	☐ Yes ☐ No		

Date		Signature	
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Please fill in the form and include it with the consignment.
 Additionally, you can send the form to repair@lufft.com in advance.