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***Repair form***

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| **Please print out the form, fill in the information and send it together with your (defective) device to:** Paul Wegener GmbH – Marienstr. 24 – D-06394 Ballenstedt |

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| **sender**company | VAT ID |
| last name | first name | customer number |
| street | postcode | place |
| Country | e-mail |
| phone | fax | Mobile |
| delivery address |
| device type | serial number |
| accessories included |
| yearly check: | equipment damage: |
| error description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| cost estimate desired: Yes | as of € no |
| repair release up to € | replacement offer as of €  |
| other: |
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| With my signature I confirm that I am aware of the general terms and conditions of the Paul Wegener GmbH |

place, date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  c**lues:**• Pack your device well padded in a sturdy cardboard box.. • Send your device as a package, as this insures it against loss or damage.• Please note that the preparation of cost estimates is only free of charge if the repair is carried out or a replacement for the defective device is provided.• For information on the status of your repair, please write to the e-mail address : **info@paul-wegener.de** |