

Date:

Our ref.:

INTERVENTION ADDRESS:

## COMPANY DATA

Company:	<input type="text"/>	Phone:	<input type="text"/>
Department:	<input type="text"/>	Fax:	<input type="text"/>
Contact:	<input type="text"/>	Cell:	<input type="text"/>
PO number:	<input type="text"/>	E-mail:	<input type="text"/>

## DEVICE TO REPAIR

Brand:	<input type="text"/>	Type:	<input type="text"/>
Error :	<input type="text"/>		

Clear error description = faster repair. If possible, please attach schematics or connection diagrams.

## REQUESTED DATE OF THE INTERVENTION

Requested date:

**Signing this agreement, I agree that the following will be invoiced, no matter the result :**

- Performed hours during the intervention
- Time of transport from and to ABC Industrial Parts
- A kilometer compensation from and to ABC of 0.80 € / km
- Administrative cost for every intervention
- Required time for preparation of the intervention
- Required time for research requested by the customer

Signature for approval

WE SELL & REPAIR  
**INDUSTRIAL  
ELECTRONICS**