

Date:

Our ref.:

INTERVENTION ADDRESS:

COMPANY DATA

Company:

Department:

Contact:

PO number:

Phone:

Fax:

Cell:

E-mail:

DEVICE TO REPAIR

Brand:

Type:

Error :

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**