

FAULT FORM

Please complete this form and send it with the damaged part.

DATE OF SHIPMENT

COMPANY NAME

COMPANY BILL ADDRESS

SHIPPING ADDRESS

VAT ID

CONTACT PERSON

NAME AND SURNAME:

E-MAIL:

PHONE:

THE PART

MODEL / TYPE / ITEM NAME:

SERIAL NUMBER:

DESCRIPTION OF THE FAULT

type of error / code/ description of the failure

TYPE OF DIAGNOSTICS

Please select the option that you need:



STANDARD
(ALWAYS FREE)

Diagnosis up to 14 days



EXPRESS
(ADDITIONAL FEE: 150 EUR)

Diagnosis up to 72 HOURS

I declare that I have been informed with the terms and conditions of service specified at the website PLCConnex.

.....
date, stamp and signature