

Registration form PCB repair

Please send this form together with the PCB

Company sign

Delivery address:

Hanskamp
t.a.v. Reparatieafdeling
Broekstraat 17
7009 ZB Doetinchem
Nederland

Your address:

Companyname:
Contactperson:
Address:
Zipcode and City:
Country:

Customer number:	Registered by:	Date:
Description PCB:		
Serial number:		
Reference:		
Complaint: <input type="checkbox"/> No recognition <input type="checkbox"/> No field <input type="checkbox"/> Output Please fill in doesn't work <input type="checkbox"/> No communication <input type="checkbox"/> Otherwise:		
Remarks:		

To be completed by Hanskamp:

Ingeboekt op:	Medewerker:	Rep. Nr.
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Would you like to offer more than one PCB, in that case you can fill in below.

Description PCB:
Serial number:
Reference:
Complaint: <input type="checkbox"/> No recognition <input type="checkbox"/> No field <input type="checkbox"/> Output Please fill in doesn't work <input type="checkbox"/> No communication <input type="checkbox"/> Otherwise:
Remarks:

To be completed by Hanskamp:

Ingeboekt op:	Medewerker:	Rep. Nr.
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