

Service form

Dealer contact information (Please fill in all fields with an asterisk*)

Date* :	_____	Your Reference* :	_____
Name* :	_____	Contact* :	_____
Phone* :	_____	E-mail address* :	_____

Service location (Please fill in all fields with an asterisk*)

Company Name* :	_____	Contact* :	_____
Phone* :	_____	Mobile :	_____
Address* :	_____	Zipcode city* :	_____

Brand*



Sit And Move.

Description of service request (Please fill in all fields with an asterisk*)

Number*	Product name *	706 order number*	Service description*
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Port inspection and pre-registration* No Yes Watching safety film required* No Yes

Certifications needed* No Yes, namely: _____

Additional information: _____

Materials used (Below to be completed by the service technician)

Number	Part	Article number
_____	_____	_____
_____	_____	_____
_____	_____	_____

Description of any necessary follow-up: _____

For agreement repair

Arrival time: _____ Departure time: _____ Date: _____

Service performed by: _____

Full warranty

Warranty on parts

No warranty

Signature: _____ Name in capitals: _____