

# SERVICE ORDER



Kindly fill in this form and attach to the products you send to us.

## DELIVERY ADDRESS

|         |         |           |        |
|---------|---------|-----------|--------|
| Company |         | Phone     |        |
|         |         |           |        |
| Address |         | Zip Code. | City   |
|         |         |           |        |
| Country | Contact |           | E-mail |
|         |         |           |        |

## ADDRESS FOR INVOICE (if different to delivery address)

|         |         |           |        |
|---------|---------|-----------|--------|
| Company |         | Phone     |        |
|         |         |           |        |
| Address |         | Zip Code. | City   |
|         |         |           |        |
| Country | Contact |           | E-mail |
|         |         |           |        |

## PRODUCT

|  |                |                          |                       |
|--|----------------|--------------------------|-----------------------|
| Type of machine                            |                | Machine number           | INTERNAL ORDER NUMBER |
|  |                |                          |                       |
| Warranty; If warranty, receipt is required |                | Internal machine marking |                       |
|  |                |                          |                       |
| Calibration<br>Is cost estimate required?  | Service<br>Yes | Repair<br>No             | Date                  |
|  |                |                          |                       |

## Sent items

Tool type/nr .....

Press jaw 12

Press jaw 15

Press jaw 18

Press jaw 22

Press jaw 28

Press jaw 35

Press jaw 16

Press jaw 20

Press jaw 25/26

Press jaw 32

Other.....

Charger

Case

Battery ..... pc.

Press collar 42

Press collar 54

Press collar 76,1

Press collar 88,9

Press collar 108

Adapter jaw 1

Adapter jaw 2

## Fault description

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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### STOCKHOLM

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Rosstigen 2  
169 53 Solna

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