



Company details:  
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**REPAIR – SALE - RESELL**

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## FAULT FORM

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

DATE OF SHIPMENT:

**I. COMPANY NAME:**

**II. COMPANY BILL ADDRESS:**

**III. SHIPPING ADDRESS:**

**IV. VAT ID:**

**V. CONTACT PERSON:**

**NAME AND SURNAME:**

**E-MAIL:**

**PHONE CONTACT:**

**VI. THE PART:**

**MODEL / TYPE/ ITEM NAME**

**SERIAL NUMBER:**

**VII. DESCRIPTION OF THE FAULT:**

**TYPE OF ERROR / CODE/ DESCRIPTION OF THE FAILUARE**

**VIII. Please select the right type of diagnostics, 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 webiste PLCConnex.

**STAMP AND SIGNATURE**