

Annex 02-19/6.3

Customer Service Information Questionnaire

Service call Date: _____ Visit site Date: _____

Customer Name: _____

Address: _____

Device Type: _____ Serial Number: _____

Part Type: _____ Part Number: _____

Software Version: _____ Software S/N: _____

Date Device purchased: _____

Device under Warranty: Yes No

Customer's/ End-User's Complaint:

- Problem Type: Mechanical
 Electrical
 Process related
 Damaged part
 Other

Description of the problem:

Device Current Status: Usable
 Unusable

Contact Person: _____

E-Mail: _____ Mobile Number: _____

Fax Number: _____ Telephone Number: _____