



IHM SERVICE REQUEST REPORT

CUSTOMER NO.:		DATE:	
Company Name:		Contact:	
Address:		Email:	
Zip code:	City:	Tel:	
Country:		Fax:	
DELIVERY ADDRESS (if different from the company's address):		YOUR REFERENCE:	
Address:		HelpDesk ID:	
Zip code:	City:	Your PO no.:	
Country:			
UNIT DESCRIPTION:			
Unit:		Warranty: YES <input type="checkbox"/>	NO <input type="checkbox"/>
Model:		Service Contract: YES <input type="checkbox"/>	NO <input type="checkbox"/>
Serial no.:		IHM Service Contract no.:	
DESCRIPTION OF FAULT(S):		EQUIPMENT INCLUDED:	