

Service order no.		Page 1
(Ticket no. PMS, to be filled out by the service technician)		

Customer			
Firm	Customer No. (if available)		
Street	Postcode	Town	
Contact person	Telephone	Mobile	Email

Billing address (if different to 'Customer address' above)			
Firm	Contact person		
Street	Postcode	Town	
Telephone	Fax	Mobile	Email

Internal service/order number for your accounts dept.:

Work required:	
<input type="checkbox"/> Service / Test	<input type="checkbox"/> Complaint / Warranty
<input type="checkbox"/> Repair	
<input type="checkbox"/> Please send me a quote (for a fee, a €55 flat-rate sum will be deducted if the work is commissioned)	
<input type="checkbox"/> Costs approved up to _____ euros (net plus VAT), if higher: please send me a quote.	

Device(s)*	Respiratory PE	Gas detector	Fall protection equipment
Manufacturer:	Please enter/select manufacturer	Device type:	Serial no.:
Device has been in contact with hazardous substances: <input type="checkbox"/> No			
<input type="checkbox"/> YES, which?			
Description of fault(s) / any other comments:			
* Please use the accompanying supplementary service request form if you wish to submit several devices / types of device			

Contact details (in case we need to contact you regarding the servicing work, complaint, repair work)		
Contact person	Telephone	Email
Delivery address		
same as Customer Address		same as Billing Address
Recipient	Building / Plant	Street, No. of building
		Postcode / Town

I hereby commission BUCHEN SafetyService to carry out the work as specified in this service request form. I shall pay the costs incurred by this work if they are not covered by warranty. Any spare parts that may be needed shall be billed in a separate invoice. The basis for this shall be the contract concluded between myself and BUCHEN SafetyService and/or the latest price list. The General Terms and Conditions of BUCHEN UmweltService GmbH shall apply here. I shall be sent documentary evidence that the work has been carried out.

_____ Date _____ Signature (Customer) 08.07.2019

BUCHEN SafetyService
Supplementary Service Request Form

Service order no. _____ Page 2

Customer _____ Customer No. _____ Order No. _____

Work required	Service / Test	Repair	Complaint / Warranty	
Device(s)*	Respiratory PE	Gas detector	Fall protection equipment	
Manufacturer:	Please enter/select manufacturer	Device type:	Serial no.:	

Device has been in contact with hazardous substances: No

YES, which?

Description of fault(s) / any other comments:

Work required	Service / Test	Repair	Complaint / Warranty	
Device(s)*	Respiratory PE	Gas detector	Fall protection equipment	
Manufacturer:	Please enter/select manufacturer	Device type:	Serial no.:	

Device has been in contact with hazardous substances: No

YES, which?

Description of fault(s) / any other comments:

Work required	Service / Test	Repair	Complaint / Warranty	
Device(s)*	Respiratory PE	Gas detector	Fall protection equipment	
Manufacturer:	Please enter/select manufacturer	Device type:	Serial no.:	

Device has been in contact with hazardous substances: No

YES, which?

Description of fault(s) / any other comments:

Work required	Service / Test	Repair	Complaint / Warranty	
Device(s)*	Respiratory PE	Gas detector	Fall protection equipment	
Manufacturer:	Please enter/select manufacturer	Device type:	Serial no.:	

Device has been in contact with hazardous substances: No

YES, which?

Description of fault(s) / any other comments: