

Repair receipt

fischer repair service

Phone: 07443 12-6589

E-Mail: PowerTools-Service@fischer.de

Address client/contact details:

Phone: _____

E-Mail: _____

Customer-No.: _____

Different return address: _____

To be filled in by the Customer: Repair Order

Warranty claim
(Please enclose proof of purchase with date)

Machine type _____

Serial No. _____

Included accessories _____

Remarks/Error description _____

The purchase date for
private use only is within
24 months yes no

The date of purchase for
commercial / professional use
is within 12 months yes no

To be filled in by the Service Center: Acceptance date _____

Order no. _____

Commission _____

Contact person _____

Phone _____