

<b>SERVICE FORM</b>		<b>Flexicon A/S</b>
Distributor:	Att.:	Frejasvej 2-6, DK-4100 Ringsted Tel.: + 45 57 67 11 55 Fax: + 45 57 67 05 41
Customer:	Att.:	Please fill out this form and ship with the goods for service. This helps us to give you a good service.
Contact phone:	Contact fax:	
Machinetype:	Machine no:	
<u>Fault description in english language (as accurate as possible please):</u>		
Return shipment:	Normal:	Express: _____
<u>Return address:</u>		
Date:		Sign:

**To be filled out by Flexicon:**

Service by:	Date: _____
<u>Action:</u>	
<u>Parts used:</u>	
Date:	Sign: