

SERVICE AND REPAIR ORDER FORM



KAHLES

OWNER/SHIPPER

Name/Company: _____ Tel.: _____
Street: _____ Fax: _____
ZIP, City: _____ Mail: _____
Country: _____ Web: _____

PRODUCT: Binocular Riflescope Thermal Imaging Device Other

PRODUCT DESCRIPTION: _____ **SERIAL-NR.:** _____

CHANGE REQUEST/PROBLEM DESCRIPTION:

Through your detailed information, you can shorten the service or repair process considerably.

SERVICE OR REPAIR ORDER AGREEMENT

In case of warranty the required service or repair work is performed free of charge and the product will be returned to you after completion. If your product is not covered with the KAHLES warranty, you will first receive a free of charge cost estimate of the service or repair work.

Date

Signature/company stamp (of client)