

# SERVICE FORM

*\*Please fill in all grey fields!*

# HEDÉN®

COMPANY:
ADDRESS:
COUNTRY:
REFERENCE PERSON/NO:
EMAIL:
TELEPHONE:
FOR RETURN SHIPPMENT: Use HEDÉNS carrier <input type="checkbox"/> Use MY carrier <input type="checkbox"/>
CARRIER:
ACCOUNT NO:

DATE SENT:
DATE RECEIVED:

VAT NO:
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Cost estimate before service?
YES <input type="checkbox"/> NO <input type="checkbox"/>

SERIAL NO LIST ALL ITEMS	TRANSMITTER*	RECEIVER*	M26VE	M21VE	M21VE-L	M26T	OTHER

*\* Please send both receiver and transmitter (mark with desired pairing if more than one pair)*

ALL CABLES & ACCESSORIES IN THIS PACKAGE:
FOR MOTOR SERVICE; <i>What lens control system are you using for this motor?</i>
DESCRIBE THE PROBLEM - <i>This can save time/cost at examination</i>
RESULT OF EXAMINATION:

WARRANTY SERVICE
YES <input type="checkbox"/> NO <input type="checkbox"/>

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Service performed and approved by:
Date: