

Repair Form VTG

*Company name:		Contact person:	
*Invoice address:		Email address:	
Postal code:		Telephone:	
City:		Fax:	
Country:		Date:	
*Delivery address:			
Product information			
Article 1			
Article description:			
*Modelnumber:		*Serial number:	
*Your reference / Ordernumber:			
Failure description:			
Article 2			
Article description:			
*Modelnumber:		* Serial number:	
*Your reference / Ordernumber:			
Failure description:			
Article 3			
Article description:			
*Modelnumber:		* Serial number:	
*Your reference / Ordernumber:			
Failure description:			
<p>This form must be fully completed and sent, together with the equipment, to Vision Technology Grid AS. We will notify you within 72 hours about the planned repair date. We can't accept repair forms without an order number</p>			
<p>Vision Technology Grid AS Nesvegen 55, 2080 Eidsvoll Norway</p>		<p>Tel:+47 63 96 76 00 Email: post@vtg.no</p>	