

Covering Letter for Repairs



Address for re-delivery:

Company: _____

Name: _____ Department: _____

Address: _____

ZIP / City: _____

Country: _____

Contact person for questions:

Name: _____ Department: _____

Phone: _____ Fax: _____

e-mail: _____

Sent parts: _____

If available, please indicate:

Commission: _____ Device no.: _____

Reason of delivery:

Repair Re-delivery _____

Estimate of costs required:

Yes No only for repair costs of more than: _____

Description of errors: _____
