

Helpdesk request



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Date	Agent
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Company	
Address	
Street	
Zip code and City	
Contact	
Telephone number	
e-Mail	

Model

Serial number

Way of purchasing

Does this request exist already? Yes no

If yes, any ticket number available?

Repetition problem?	Yes	<input type="checkbox"/>	no	<input type="checkbox"/>	<input type="checkbox"/>
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More than one unit affected?	Yes	<input type="checkbox"/>	no	<input type="checkbox"/>	<input type="checkbox"/>
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If yes, how many?

Problem description

For fast handling a detailed description is needed.

Was this form helpful?

Date:

Signature:

