



Service Request Form

Please fill out this Service Request Form and mail or fax it to our Service Center (addresses see above).

Customer Purchase Order Number:	
Contact Person:	
Company:	
Department:	
Street:	
ZIP Code:	City:
Country:	
Phone:	Fax:
E-Mail:	
Instrument:	
Serial Number:	Purchase Date:
Service Insurance / Contract Number:	

Please mark relevant option:

<input type="checkbox"/> On Site Service	<input type="checkbox"/> Instrument will be sent for repair (Ship to address see above)
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Fault Description:

I authorize ALS Automated Lab Solutions GmbH to repair the above mentioned instrument(s). We hereby certify that the product described herein has been inspected and neither contains any foreign material or fluids nor it is contaminated with any hazardous matter or any other material that may cause or contribute to any illness or personal injury of any kind. ALS cannot guarantee a complete repair and restoration of the system or parts of the system which were not bought or delivered from ALS Automated Lab Solutions GmbH.

Date:	Signature
S-07-09-07	