

To:
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Reparaturservice
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Repair Covering Letter

In order to allow an immediate processing of your repair, please fill out this form completely.

Device type:

Serial number:

Bought from:

Date of purchase:

Defective signal stage: SAT IF Terrestrial

Frequency of occurrence: steady temporarily after approx. hours

Additional information regarding Multiswitch / Cascade or other parts of the SAT IF distribution

Defective signal (band / polarity): Defective subscriber output:

Additional information regarding Headends

Defective slot number:

Detailed error description:

Contact:

Name: Company:

Phone: Email:

Please send me a quotation first: yes no repair on warranty

Return address:

Repairs are subject to our General Terms and Conditions (http://www.spaun.de/pdf/spaun_agb_en.pdf).

Date, Signature: