



# Repair Service

SU# \_\_\_\_\_

Company: \_\_\_\_\_

Address \_\_\_\_\_

CF#: \_\_\_\_\_

Contact Name 1: \_\_\_\_\_

Contact Name 2: \_\_\_\_\_

PO#: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

SO#: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Mobile: \_\_\_\_\_

Fax: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Memo: \_\_\_\_\_

Memo: \_\_\_\_\_

Repair Service

Require \_\_\_\_\_

Date/Time: \_\_\_\_\_

NOTE: Please fill in all information, so we can check our product for good repair service .

INSTRUCTIONS: Fill out the required fields on the Repair Service Form. Send to InnoTiq via email or fax. InnoTiq will assign an CF# and send the completed form back to you. SU number you can find it from Order files.

## PRODUCT CONFIGURATION DESCRIPTION

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## PROBLEM DESCRIPTION

No.	Item	Description	Engineer Comments
1	Failure Type1		
2	Failure Type2		
3	Failure Type3		
4	Failure Type4		
5	Failure Type5		
6	Failure Type6		
7	SN		
8			

## OTHER COMMENTS

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_