

# SUBMISSION FORM FOR SERVICE REQUESTS

Please send the completed form together with the devices to the following address:  
**ZELTWANGER Leaktesting & Automation GmbH, Maltschachstraße 32, 72144 Dußlingen, Germany.**

If you have any questions, please do not hesitate to contact our service department:  
 E-Mail: [backoffice.lta@zeltwanger.de](mailto:backoffice.lta@zeltwanger.de) | Tel.: +49 (0)7072 92897-524

## CUSTOMER DATA:

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

Street and no.: \_\_\_\_\_

Postal code and city: \_\_\_\_\_

Country: \_\_\_\_\_

Name of contact person: \_\_\_\_\_

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

Mail: \_\_\_\_\_

Contact person at ZELTWANGER: \_\_\_\_\_

## DEVICE INFORMATION:

No.	Product	Serial number	Reason for sending	Others
1			<input type="checkbox"/> plant calibration <input type="checkbox"/> ISO 17025 <input type="checkbox"/> Revision <input type="checkbox"/> Repair	<input type="checkbox"/> Orderno. customer _____ <input type="checkbox"/> Quote required
2			<input type="checkbox"/> plant calibration <input type="checkbox"/> ISO 17025 <input type="checkbox"/> Revision <input type="checkbox"/> Repair	<input type="checkbox"/> Orderno. customer _____ <input type="checkbox"/> Quote required
3			<input type="checkbox"/> plant calibration <input type="checkbox"/> ISO 17025 <input type="checkbox"/> Revision <input type="checkbox"/> Repair	<input type="checkbox"/> Orderno. customer _____ <input type="checkbox"/> Quote required
4			<input type="checkbox"/> plant calibration <input type="checkbox"/> ISO 17025 <input type="checkbox"/> Revision <input type="checkbox"/> Repair	<input type="checkbox"/> Orderno. customer _____ <input type="checkbox"/> Quote required

## ATTENTION:

Please also add the external valve block for devices with an external valve block.

