

FORM

Date:

GDPR*

I hereby approve that my personal information is saved and treated in accordance with Nolek integrity policy.

Contact information

Company name
Street
City
Postal code
Country
Delivery adress*: (*Mandatory)
Company name
Company name
Street
Street
Company name Street City Postal code
Street
Street





PO number*: (*Mandatory)
Contact person
Mobile phone no/Telephone no
E-mail
Instrument type/Model no
instrument type/ Model no
Serial number
Serial number
Repair
Fault description (Short)
duit description (onorty
Service and Calibration with Certificate
Other information

NB! Print the document when filled in and attach one copy in the box when sending us the instrument. PO number is mandatory for us to be able to register a service case upon arrival and to ensure tracking of your instrument. The form/document can also be sent by e-mail to order@nolek.se for furter processing.

The instrument with the form/document shall be sent to:

Nolek AB Hantverkarvägen 11 SE-145 63 Norsborg Sweden

Marking: Service department