SERVICE REQUEST FORM

MEGAPORT
DER ULTIMATIVE COMPUTERSHOP

CUSTOMER INFORMATION

CUSTOMER NO.

SURNAME, NAME

COMPANY

HOUSE NO.

STREET

EMAIL ADDRESS

TELEPHONE

☐ NEW ADDRESS/RETURN TO ANOTHER ADDRESS:

HOUSE NO.

STREET

ITEM INFORMATION

ITEM NAME

ACCESSORIES

COMMENT

INVOICE NUMBER

INVOICE ATTACHED? ☐ YES ☐ NO

WINDOWS PASSWORD

FAULT DESCRIPTION

FAULT OCCURS ☐ CONSTANTLY ☐ SPORADISCH ☐ AFTER _____ MINUTES

FAULT DESCRIPTION

AGREEMENT

Megaport GmbH assumes no liability for data on data carriers. Please enclose a copy of your invoice listing the faulty components with this document. If your PC is password protected, please also tell us your password. It may be necessary to perform analysis tests in the operating system. We observe data protection regulations and will not read, use or pass on any data which may be in your PC.

SIGNATURE CUSTOMER