

*Fill in the form and return together with the product to Idnet AB*

**Sender**

Company: \_\_\_\_\_ Reference no: \_\_\_\_\_  
Contact person: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Telephone no: \_\_\_\_\_ Fax no: \_\_\_\_\_

**Return address**

**Billing address (if other than return address)**

**The returned product**

Model number: \_\_\_\_\_ Serial Number: \_\_\_\_\_  
Warranty claim:  Yes Cost proposal:  Yes

**Problem description**

**For printer service, please return a print-out sample and label material!**

Date:

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**Idnet AB  
Att: Service  
Mölnadalsvägen 30B  
412 63 Göteborg, Sweden**