

I.D. PROJECT

SERVICE FAX

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FAX – Number of pages: 1

Attn.

Fax no.:

Dear Madam,
Dear Sir,

We have received your service application in good order. Please fill in all the details below and return this document to us by fax. These details will enable us to offer you our best services. For your information we hereby also inform you of the fixed costs you will have to pay if the service is not covered by the guarantee:

Hourly rate technician: € 30

Call-out charge: € 62

If you do not fill in the details preceded by an “*” correctly, we will not be able to help you.

Address at which an intervention by our technician is required:

* Name of the institution:

* Address:

* Town:

* Contact:

* Phone no.:

* Fax no.:

* No. of the room where the faulty bed/armchair can be found:

Description of the problem:

Please check the following with regard to the faulty bed/armchair.

- Check whether the wall socket is working properly. (Check it with another appliance, a hairdryer for instance)
- In case of a bed, please briefly press the green button.
- Check the cable (from the plug to the motor).
- Check the connectors in the distribution box (change them around).
- If possible, test the manual control of another bed/armchair (same model) on this bed/armchair.
- All the above-mentioned checks have been carried out.

* Serial numbers of motors and manual controls (white label with e.g. 1.42.000.039.30).

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We thank you for your cooperation and will keep you informed of all further developments.

Yours sincerely,

The after-sale service team
FAX: 03/897.10.84