

SERVICE FORM

We kindly ask you to use this service form for all types of returns, as this helps us assign and process your request more quickly.

Personal Information:

Customer Number (see invoice):

First Name:

Last Name:

Address (Street, House Number, Postal Code, City, Country if applicable):

Email Address:

Telephone:

Purchase Information:

Invoice Number:

Bank Details (for possible refunds):

Account Holder:

Invoice Date:

Account Number:

Product:

Bank Code (for foreign bank accounts, please enter SWIFT/BIC and IBAN in the remarks field):

Windows Password:

Error description:

Reason for Return

Defect (warranty claim)
Defect (chargeable repair)
Withdrawal / Cancellation
Incorrect delivery
Other

Fehler (bei Defekt)

Does not start
Installation not possible
System crashes
Drive is not recognized
Other

How often does the issue occur?

Constantly
Sporadically
After ____ minutes
During cold-/ warmstart
Under specific conditions

Detailed description of the defect (please always provide this information in the event of a defect)

Place, Date:

Signature: