

Service order

Send the completed service order with the device to the following address: **airleben GmbH | Rudloffstraße 23 | 99867 Gotha** or e-mail: gotha@airleben.de

Invoice adress / c	lient								
Company:			Phone: Fax: Mobile: E-mail: Costumer no.:						
Street: Zip code: City: Contact person:									
						_			
						airLPT321			
Device type:	airLPT216	Serial no	DE DE						
	airLPT113								
Work to be carried o									
	inspection (includes cleaning,	filter replacement, dev	ice inspection)	195,- € net 165,- € net depending on effort					
Error specification f	or repair								
Please to not	evice immediately up to o carry out any repairs. Please s cost estimate is 22€)								
Date:	Name:								
Signature/									