

SERVICE ORDER TO:

Nortroll AS

Havnevegen 17

7600 Levanger



Servicenummer:

Support Manager: Kjell Fröseth  
E-Mail: kfroseth@nortroll.no

Phone: 74085500, mobil 97617987  
Fax: 74085501

**Customer information, billing adress**

Company:	<input type="text"/>	Contact person:	<input type="text"/>
Post adress:	<input type="text"/>	Phone:	<input type="text"/>
ZIP code	<input type="text"/>	Mobil:	<input type="text"/>
Location:	<input type="text"/>	E-Mail:	<input type="text"/>
Order number:	<input type="text"/>		<input type="text"/>

**Return adress**

Same as above:

Company	<input type="text"/>	Contact person:	<input type="text"/>
Adresse:	<input type="text"/>	Phone:	<input type="text"/>
ZIP code	<input type="text"/>	E-Mail:	<input type="text"/>
Location:	<input type="text"/>		<input type="text"/>

**Description of failure**

Station	Type:	Serienr:	Description
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Description:

Checked: (Nortroll)

<input type="checkbox"/>	Fix unit	<input type="checkbox"/>	Return date (Nortroll)	<input type="text"/>
<input type="checkbox"/>	Replace unit with new	<input type="checkbox"/>	Checked by (Nortroll)	<input type="text"/>
<input type="checkbox"/>	Upgrade unit	<input type="checkbox"/>		<input type="text"/>
<input type="checkbox"/>	Returning unit on loan	<input type="checkbox"/>		<input type="text"/>
<input type="checkbox"/>	Other	<input type="checkbox"/>		<input type="text"/>

**Confirmed with:**

\* The unit must be packed in safe wrapping. Single components must be delivered in anti-static bags.  
\* Fill in all white fields.