



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: