ORDER FORM

GEDORE Werkzeugfabrik GmbH & Co. KG
Dept. Service
Remscheider Str. 149
42899 Remscheid · GERMANY

Service-submission

Please enclose this form with your return shipment.

Sender:

Company / Department .....

Street / No. .....

Zip code / City .....

VAT ID .....

Contact person .....

Phone / Fax .....

Email .....

Your Order- / Company-No. .....

Consignee
(only if different from the above address)

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Billing recipient & email
(only if different from the above address)

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.....

.....

Email .....

Date / Signature / Stamp .....

GEDORE
TOOLS FOR LIFE

ORDER FORM

Please fill out one form per device.

Visit us at: www.gedore.com – Service and contact

Article .....

Serial-No. / ID-No. .....

Accessories .....

☐ Repair

☐ Complaint

Error description

Please describe here what errors occur and under what circumstances.

.....

.....

.....

☐ * **Factory calibrations**

Initial calibration		Torque		Angle of rotation	
☐ yes	☐ no	☐ left	☐ right	☐ left	☐ right

☐ * **Calibration by DAkkS accredited calibration laboratory**

Electronic products	Torque wrench according to DKD-R 3-7	☐ left	☐ right
	Rotation angle according to VDI/VDE 2648-2	☐ left	☐ right
	Torque testers according to DKD-R 10-8	☐ left	☐ right
Mechanical products	Torque wrench according to DIN EN ISO 6789-2	☐ left	☐ right
Additional services are subject to extra charges.	Additional measuring points	◯ yes	☐ no
	Additional declaration of conformity	☐ yes	◯ no

If so, which ones:

measured value	measured value	measured value	Unit

*Mandatory field, required for order processing.

Different address details in the DKD certificate

Company .....

Street / No. .....

Zip code / City .....

Country .....

To be completed by GEDORE:

☐ Cardboard box	☐ Ratchet	☐ Q-Pack
☐ Suitcase	☐ USB flash drive	☐ Display holder
☐ Power supply	☐ Cable	☐ Battery
☐ Adapter	☐ CD	

Other

Internal Rep.-No.
Serial-No.
Article-No.