



Medical & Aesthetic Technologies

## TECHNICAL ASSISTANCE REQUEST FORM

Dealer's business name\*

Date of assistance request

Client's business name

VAT number\*

City

State

Address

ZIP code

Phone Number

Email/Fax

Warranty    SI                      NO                      Reserved to EME

Device serial number\*

Device name\*

### DETAILED DESCRIPTION OF THE PROBLEM IDENTIFIED IN THE DEVICE

### DETAILED DESCRIPTION OF THE PROBLEM IDENTIFIED IN THE ACCESSORY

Accessory name

Device name

### LIST OF THE ACCESSORIES SHIPPED WITH THE DEVICE

\* Mandatory

EME S.r.l ▪ Via degli Abeti 88/1 ▪ 61122 Pesaro (PU) ITALY ▪ Tel. +39 0721 400791 ▪ Fax +39 0721 26385  
Capitale Sociale € 10.000,00 ▪ P.Iva 02423410410 ▪ info@eme-srl.com ▪ www.eme-srl.com



# EMIE

Medical & Aesthetic Technologies

## Client's notes

### CONDITIONS AND RULES FOR TECHNICAL ASSISTANCE

#### To send a complaint

The filled form must be sent to the assistance office to this email address  
**k.samai@eme-srl.com**

#### To send the goods for assistance to the company

The goods must be sent carriage free at our office in VIA DEGLI ABETI, 88/1 - 61122 PESARO, complete with the necessary accessories for its operation. In the event that the material appears to be damaged, it will be returned to the sender out of warranty by charging him with the shipping costs for returning the goods. The packaging must be suitable for the carriage of fragile material and all electronic devices must be packed in an antistatic product. A necessary condition for sending the goods is attaching this FORM completely filled to the shipment, possibly accompanied by a detailed TECHNICAL REPORT. Otherwise, we will not be able to solve the problem.

Name and signature of the applicant

Date of request

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