

TECHNICAL ASSISTANCE FORM

Fill in and insert in the original packaging

Name: _____

Telephone number: _____

Surname: _____

E-mail: _____

Company: _____

Shipping address: _____

Referent: _____

City: _____ State: _____ ZIP code: _____

Model: _____

Serial N°: _____

DDT: _____

Note: _____

Packaging content:

Original packaging

SD card

Filament spool

Power supply cable

Filament spool holder

Problems:

Entry date: _____ Signature: _____

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