

## FORMULAR TRIMITERE ECHIPAMENT IN SERVICE

### PERSOANE FIZICE

Nume	
CNP	
Nr. Telefon	
Email	
Adresa	
Localitate	
Judet	
Echipament	<input type="checkbox"/> Hard Disk Intern <input type="checkbox"/> Hard Disk Extern <input type="checkbox"/> Memory Stick <input type="checkbox"/> Memory Card <input type="checkbox"/> Alt Echipament
Date de Identificare (Model, Serie)	
Descrierea problemei	
Date de recuperat	