

# Swedish Neutral

Premium Power Protection

## Swedish Neutral Service Request Form 2013

### Service Requester Information (to be filled out by service requester)

Contact Person:	
Company Name:	
Street Address:	
Postal Address & Postal Code:	
Country:	
E-mail:	
Telephone:	

### SN Equipment Information (to be filled out by service requester)

Type:	<input type="checkbox"/> Arc Suppression Coil <input type="checkbox"/> Neutral Manager <input type="checkbox"/> RCC Inverter <input type="checkbox"/> Other (please specify)
SN Serial Number:	
SN Project Number:	
SN Project Name:	
Year of Manufacture:	
Type of Fault:	<input type="checkbox"/> Hardware <input type="checkbox"/> Software <input type="checkbox"/> Unknown
Fault Description:	
Attachments:	

### Contact Person SN (to be filled out by Swedish Neutral)

Contact Person:	
E-mail:	
Telephone:	

### SN Service Task Information (to be filled out by Swedish Neutral)

SN Service Request Form No.	
SN Service Request Name:	
Status:	<input type="checkbox"/> Open <input type="checkbox"/> In progress <input type="checkbox"/> Resolved <input type="checkbox"/> Rejected
Warranty:	<input type="checkbox"/> Yes <input type="checkbox"/> No

www.swedishneutral.se

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