Spare part order

Address: _____

_____

Name of the ordering party: _____

Street address: _____

Zip code/city/country: _____

Telephone number: _____

Customer number: _____

Customer order number: _____

Purchase order date: _____

Signature: _____
(Please, to fill in the form use block letters)

Stamp

Hill-Rom GmbH
Service
Wullener Feld 79
58454 Witten · Germany

Tel.: +49 2302 96096-62
Fax: +49 2302 96096-66
E-Mail: service@voelker.de

☐ **Shipping address, if different from the billing address**

☐ **Billing address, if different from the shipping address**

Address: _____

_____

Attention of: _____

Street address: _____

Zip code/city/country: _____

Please fill out all the information carefully and complete the form in its entirety, otherwise we may have problems in delivering and processing this order.

MODEL (Bed-type)	**SERIAL NO.** (Identifaction label inside of the bed-head)	**SPARE PART DESCRIPTION**	**ITEM NUMBER**	**QUANTITY**

The Hill-Rom GmbH inform you, that within the warranty period damages on the devices will be charged by us, if we detect non-intended use.