

	<b>CUSTOMER SERVICE REQUEST</b>	GF7.3 Rev.00
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<b>Date:</b>	
<b>Customer Name:</b>	
<b>Address:</b>	<b>Phone:</b>

<b>Product:</b>
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<b>SERVICE REQUEST INFORMATION</b>
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<b>PROBLEM DESCRIPTION</b>
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<b>OTHER INFORMATION</b>
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<b>REMARKS:</b>
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Customer Request
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Intervention under payment : <input type="checkbox"/>	Intervention under Warranty : <input type="checkbox"/>
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Intervention Date Requested:
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<b>Spare parts Requested :</b>
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<b>For further information please contact: <u>assist@oscam.com</u></b>
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Date:	Name:  Signature:
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