

Advanced Car Diagnostics

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Repair Order Form

Order Number (if available):

First Name, Last Name / Company:

Address:

Email:

Phone Number:

Brand:

Model:

VIN:

Kilometers:

Year of Manufacture:

Transmission Type:

Control Unit Number:

Type:

Error Codes:

Error Description:

If irreparable:

Return at my expense

Disposal by Advanced Car Diagnostics (free)

I authorize a repair up to 300 CHF.

If the required effort exceeds this amount, further confirmation will be required.

I agree to be contacted by Advanced Car Diagnostics

for product and service information by phone, SMS, email, or post. I understand that I can withdraw this consent at any time.

Date _____

Signature: _____