

Service sheet for the Liber-t BOX

(Additional orders, return/exchange and block)



Only for vehicles incl. trailer with a gross vehicle weight ≤ 3.5 t

Please simply send your orders to us by Fax to +90 (0)216 468 282 8
or by e-mail to info-vttr@dkv-euroservice.com

Customer details (please complete in full and legible)

Customer number	
Company name	
Address	
Postcode/Town	
Country	
Contact	
Telephone	
Fax	
E-mail	

Different delivery address

Company name	
Address	
Postcode/Town	
Country	
Contact	

Please do not state a PO Box address!

Please fill in the fields completely and legibly, otherwise this may result in a delay of delivery and additional costs.

Additional orders

If you would like to order more than 10 boxes, please use the electronic vehicle list that you can find [here](http://www.dkv-euroservice.com/toll-liber-t):
(www.dkv-euroservice.com/toll-liber-t)

Number	Vehicle registration number* (max. 11 characters)	Additional reference* e.g. cost centre (max. 25 characters)	Country code
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

* **Mandatory fields:** Please fill in either the field „Vehicle registration number“ and/or the field „Additional reference“.

Please note:

Together with your Boxes, you will receive from us a detailed delivery note. This will list your boxes and vehicle registration numbers clearly. These will also appear on your DKV invoices and in the DKV eREPORTING.

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Return/exchange

If a Liber-t BOX is not returned within 30 days, you will be charged for the device.

Number of the Liber-t BOX (starting with 25004)	Vehicle registration number and/or additional registration number	Replacement device required? (please tick)	
		<input type="radio"/> Yes	<input type="radio"/> No
		<input type="radio"/> Yes	<input type="radio"/> No
		<input type="radio"/> Yes	<input type="radio"/> No
		<input type="radio"/> Yes	<input type="radio"/> No
		<input type="radio"/> Yes	<input type="radio"/> No

Block

Number of the Liber-t BOX (starting with 25004)	Vehicle registration number and/or additional registration number	Reason for block request	Replacement device required (please tick)
		<input type="radio"/> Loss <input type="radio"/> Theft	<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Loss <input type="radio"/> Theft	<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Loss <input type="radio"/> Theft	<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Loss <input type="radio"/> Theft	<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Loss <input type="radio"/> Theft	<input type="radio"/> Yes <input type="radio"/> No

I/we have received with this service sheet the DKV guidelines for applying for and using the Liber-t BOX and DKV's General Terms and Conditions and acknowledge that they are an integral part of this contractual relationship.

.....
Date

.....
Name(s) of the signatory (signatories) please in block letters

.....
Legally-binding signature of the applicant (applicants)

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persönlich haftende Gesellschafterin Verwaltungsgesellschaft EGRIMA mbH | Sitz Ratingen | Amtsgericht Düsseldorf HRB 1703
Geschäftsführung: Dr. Werner Grünewald | Dr. Alexander Hufnagl