

AFTER-SALES SERVICE /FORM



Date: _____

* : Mandatory

DEALER INFORMATION

Dealer: _____ Telephone*: _____
Customer #: _____ Email*: _____
Contact*: _____

CONSUMER INFORMATION

Name*: _____ Residence telephone*: _____
Address*: _____ Office telephone: _____
City*: _____ Cellphone: _____
Zip Code*: _____ Email*: _____

PRODUCT IDENTIFICATION

Product code: _____ Purchase date*: _____
Serial # (if available): _____ Customer P.O. #: _____

DESCRIPTION OF PROBLEM

Part(s) # required:			

** In the event that one of our representative is called to make a customer visit, the customer is informed in advance that an \$85 fee will be charged if the problem is not a manufacturing defect.