

RETURN/WARRANTY

Important: To secure credit, this form must be completed and placed with the unit/applied to the original box. All data entered is important to improve our quality. Your answers will not determine the outcome of the warranty verification.

Personal Data

Client Name: _____

Customer number: _____
(can be found on invoices)

Purchase Doc.: _____ **Mobile/Telephone:** _____

E-mail: _____

Contact person: _____

Vehicle data

Brand: _____ **Model:** _____ **Engine:** _____ **cm³**

Year: _____ **Horsepower:** _____

Chassis No.: _____

Assembly (DD/MM/YYYY): _____ **Disassembly (DD/MM/YYYY):** _____

Assembly (km): _____ **Disassembly (km):** _____

Article data

Article ref: _____

☐ **RETURN**

Reason: _____

☐ **WARRANTY**

☐ Replacement with the same reference

☐ Credit note

Description: _____

Fault Code: _____

In the case of electrical equipment, indicate the fault code and attach the diagnostic test report to this form.

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