

# Warranty Claim Form

<b>Date of claim:</b>	
<b>Company name:</b>	
<b>Contact phone:</b>	
<b>E-mail:</b>	

<b>Product name:</b>		<b>Reference:</b>	
<b>Warranty seal number:</b>		<b>Invoice number:</b>	
<b>Additional equipment:</b>			

**Fault description:**

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