Service Form

Personal Data Salutation \square Mr ☐ Mrs □ Divers Company: First Name: Last Name: VAT. No. (only dealers): Customer No. (if available) **Address** Street and house number: Address suffix: Zip code: Place: Country: Contact details Email: Phone number:

Product details Product description (model, serial number, etc)	
Problem description	
Please mark the defective place	е
Please describe the problem:	
wheel bags, quick release skewers, result, we kindly ask you to send us ATTENTION: Each service request must be according.	ompanied by a fully completed form. For or missing information (e.g. invoice) delays in
Place, Date	