

SIMPLEBIKESTORE^{.EU}

Claim Form SBS20

Claim / Warranty form

Date: _____
Order Number: _____
Invoice Number: _____

Product description

Manufacturer: _____
Model Name: _____
Manufacturing Year: _____
Frame Number: _____
Color: _____
Size: _____
Date of purchase: _____

Client information

Name: _____
Address: _____
Country: _____

Description of the problem

***Filled out by Simplebikestore**

Date: _____
Comments: _____
Verdict: _____

Simplebikestore
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