



|               |  |
|---------------|--|
| Case Number   |  |
| Customer name |  |

Add this form to the package you are returning.

|              |  |
|--------------|--|
| Order number |  |
|--------------|--|

|                       |  |
|-----------------------|--|
| <b>Customer data</b>  |  |
| First and last name   |  |
| E-mail address        |  |
| Street + house number |  |
| Zip code + city       |  |
| Phone number          |  |

|                  |  |
|------------------|--|
| <b>Item data</b> |  |
| Article number   |  |
| Price            |  |
| Purchase date    |  |

|                           |
|---------------------------|
| <b>Repair description</b> |
|                           |
|                           |
|                           |
|                           |
|                           |
|                           |

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\* The details below will be filled in by Isabel Bernard

|                        |  |
|------------------------|--|
| Casenummer             |  |
| SKU                    |  |
| Omschrijving reparatie |  |
| Prijsopgave, vanaf     |  |
| Datum                  |  |