

AFTER SALES SERVICE RETURN FORM



TO:

maPlatine.com – Bâtiment 6
33 boulevard de la Haie des Cognets
35136 St Jacques de la Lande, FRANCE

Product information:

Brand:
Model:
Serial number:
Date of purchase: __/__/__ Invoice N°:
Order number:
Warranty: YES NO
Original packaging: YES NO
Accessories:
Quotation request: YES NO
Product condition: New In good condition Worn Damaged In bad condition

Accurate description of the problem:

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Nature of problem: Sporadic Aleatory Constantly

Sender information:

Name of customer:
Address:
Postal code: _____ City:
Phone: _____ Mobile phone: _____
Email address:

Reshipping address (if different):

Address:
Postal code: _____ City:

I hereby recognize having knowledge of the return conditions and accept them:

Date: __/__/__

Signature: