



Service form

Customer details

Name and surname

Delivery address

City / Country

phone /E-mail:

Point of purchase:

Date: Date of purchase:

Traveler Professional

black
 blue/black

Serial number

with bag yes with hose yes
 no no

Changes

Rings pasted yes no Wrist seals bootle HD wrist seal coned wrist seal Size of the wrist cm

Valves Apex inflation valve Si -Tech inflation valve Apex exhaust valve Si -Tech exhaust valve

Boots, Flex Sole size: Neoprene socks size:

Neck seal neopren latex size of the neck cm

Zipper

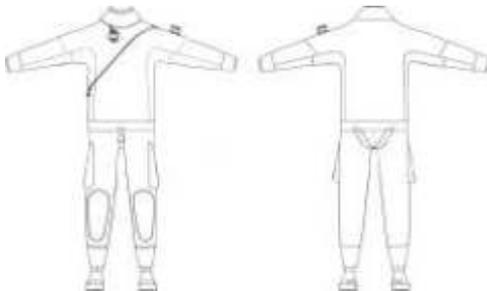
To insert

Rings pasted yes

Kanne patches yes

p -valve Trigon right left

Leakage

<input type="checkbox"/> Stitch <input type="checkbox"/> Boots <input type="checkbox"/> Seal <input type="checkbox"/> Callar <input type="checkbox"/> Valve <input type="checkbox"/> Zipper <input type="checkbox"/> Textilet	<p>Mark the leak point</p> 
<p>Reason of the complaint /additional information:</p>	<p>Additional service comments:</p> <p style="text-align: right;">_____ date and sign</p>
<p>Changes made / repair:</p>	