



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

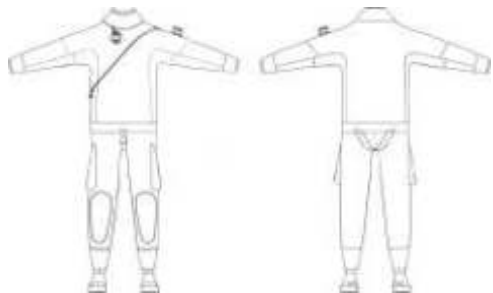
Changes

<input type="checkbox"/> Rings pasted	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> Wrist seals <input type="checkbox"/> bootle HD wrist seal <input type="checkbox"/> coned wrist seal	Size of the wrist <input type="text"/> cm
<input type="checkbox"/> Valves	<input type="checkbox"/> Apex inflation valve <input type="checkbox"/> Si -Tech inflation valve	<input type="checkbox"/> Apex exhaust valve <input type="checkbox"/> Si -Tech exhaust valve	
<input type="checkbox"/> Boots, Flex Sole size:	<input type="text"/>	<input type="checkbox"/> Neoprene socks size:	<input type="text"/>
<input type="checkbox"/> Neck seal	<input type="checkbox"/> neopren <input type="checkbox"/> latex	size of the neck <input type="text"/>	cm
<input type="checkbox"/> Zipper			

To insert

<input type="checkbox"/> Rings pasted	<input type="checkbox"/> yes
<input type="checkbox"/> Knne patches	<input type="checkbox"/> yes
<input type="checkbox"/> p -valve Trigon	<input type="checkbox"/> right <input type="checkbox"/> 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
Reason of the complaint /additional information:			
Changes made / repair:			
Mark the leak point			
			
Additional service comments:			
date and sign			