MARLEN Truck-Styling GmbH

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□ REPAIR- / □ WARRANTY REQUEST Fax-Nr. 04122/901033

Firm Name: *		
Customer ID.: (if known)		
Contact Person: * (Phone/Email)		
Date of Purchase: (such as Invoicenr.)		
Date of Sale: * (for any warranty handling attach sales / installation document)		
Pick up Adress: * (or firm stamp)		
-		
Pick up Date: * (when ready to pick up, well packed please !!)		*
Product: (Samsung, Waeco,)		
Type: (fridge, microwave,)		
Serial number: *		
Error Description: * (as precisely as possible, which error, where and when the error occurs)	- Styling	
<u>-</u>		
Terms of use:		
Styling GmbH are valid. You will receive a detaile adduced services for the cost estimate are calcul The proof of the sale or installation date is manda	arded as a binding order. The general terms and conditions of the dost estimate as a decision basis for a repair or a replacemer lated to the client, if there is no order issued on the basis of the atory required at warranty handlings, otherwise it can lead to convise it can lead to complications or rejection from the supplier of	nt investment. The cost estimate. mplications or
With my signature I accept the mention	ned Terms above and authorize the repair pick-up o	rder:
(date/signature)		

Please return the signed form to the fax number **04122/901033** or by e-mail to **info@marlen-truck.de**

Please complete this document carefully, you hereby facilitate and accelerate this repair process . Please add the document necessarily to the electrical device .

The data marked with * are mandatory required for warranty execution