CLAIM FORM

In order to avoid unnecessary delays related to the order reception process, you are kindly asked to complete the form in full and send it to us along with the malfunctioning device.

COMPANY INFORMATION

Name:	
TAX ID. (NIP):	
Registered office address (street, block/suite no., postal code, city):	Address for shipping (street, block/suite no., postal code, city):
	Personal collection of device: ☐

(Mark selected with ☒)

CONTACT PERSON INFORMATION

First name, surname:
Phone:
E-mail:
E-mail of person authorised to handle payments:

DEVICE DESCRIPTION

Model:	Serial no.:
Number of the warranty seal:	

FAULT DESCRIPTION

Brief description of the fault:
Error codes/information displayed on screens (if applicable):

Address for shipping the defective equipment:
RGB Elektronika Spółka z ograniczoną odpowiedzialnością Sp. k.
ul. Jana Długosza 2-6
51-162 WROCŁAW

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