

# Repair request form



## To be filled in by customer:

Name :	
Address :	
Zip or Postal code :	
City :	
Province :	
Country :	
Telephone :	
Email :	

Product :		Part number :		Serial :	
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Reason for repair / issues / complaints :	

**Include a copy of the purchase receipt and send the complete package to the below address. Only complete filled in forms with receipt will be handled.**

## To be filled in by KMS:

Date received :	
Technical review :	

Outcome :			
Date finished :		Costs :	

Address: Van Kronenburg Managent Systems B.V.  
Spaarpot-Oost 19  
5667KT Geldrop  
The Netherlands

Email: saleskms@vankronenburg.nl Phone: +31(0)402802629

Bank : NL92ABNA0619774681  
BIC : ABNANL2A  
Paypal : saleskms@vankronenburg.nl  
K.v.K. : 17202913  
VAT : NL817664208B01