Repair request form



	To	be	filled	in by	customer
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Name :			
Address:			
radiess.			
Zip or Postal code :			
City:			
Province :			
Country:			
Telephone :			
Email :			
			_
Product :	Part number :	Serial :	
1 Toduct .	Tart number.	Jenai.	
Reason for repair / issues / o	complaints :		
Include a copy of the purcha	se receipt and send the com	nlete nackage to the helow address	
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Only complete filled in form To be filled in by KMS: Date received: Technical review:	ise receipt and send the comes with receipt will be handle	plete package to the below address. d. Costs:	

Address: Van Kronenburg Managent Systems B.V. Bank: NL92ABNA0619774681

Spaartpot-Oost 19 BIC : ABNANL2A

5667KT Geldrop Paypal : saleskms@vankronenburg.nl

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