

NAME

SURNAME

TELEPHONE

EMAIL

ADDRESS

ORDER N°

DATE OF PURCHASE

MODEL REFERENCE (SKU)

SERIAL NUMBER

EXCHANGE    REPAIR    SERVICE    OTHER

RETURN REASON

SENT PREVIOUSLY

 Y  N

CUSTOMER NOTES

PLEASE LEAVE BELOW FORM BLANK FOR OUR DIAGNOSTIC WATCHMAKER TEAM

LOCATION

JOB N°

MOVEMENT ISSUE

 Y  N

CASE SCRATCHES

 Y  N

CASE DAMAGED

 Y  N

STRAP DAMAGED

 Y  N

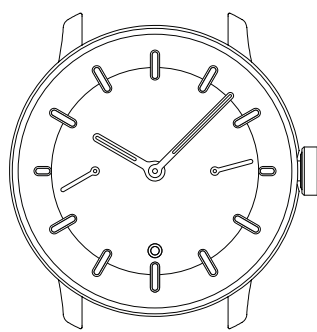
FAULT AREA

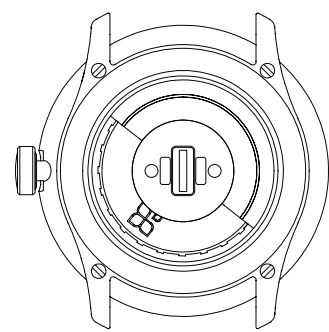
FAULT CODE

FRONT



BACK



MODEL REFERENCE (SKU)

<input type="checkbox"/> SERVICE	<input type="checkbox"/> REPAIR	<input type="checkbox"/> PART JOB	<input type="checkbox"/> ENERGY CELL	<input type="checkbox"/> HANDS-Power	<input type="checkbox"/> _____
<input type="checkbox"/> CASE	<input type="checkbox"/> DIAL	<input type="checkbox"/> BEZEL INSERT	<input type="checkbox"/> REGULATION	<input type="checkbox"/> HANDS-H/M	<input type="checkbox"/> _____
<input type="checkbox"/> GASKET	<input type="checkbox"/> U. CLEAN	<input type="checkbox"/> 15 MIN LABOUR	<input type="checkbox"/> GENERATOR	<input type="checkbox"/> HANDS-Active	<input type="checkbox"/> _____

DIAGNOSTIC NOTES

GOES TO

 UK  CH  WD  ME  BTC

SHIP PARTS

 Y  N

UNDER GUARANTEE

 Y  N

DATE

CHECKED BY

REPAIR NOTES

RESOLUTION CODE

DATE

  
 CHECKED BY