

WARRANTY CLAIM FORM

_____ Date

Name, surname/Company name

Registration (VAT) nr/Personal code

Adress

Invoice/Order No.

City, Zip Code

Phone

Country

E-mail

	Device	Serial No	Defect description
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

1. Please make sure your device is applicable within warranty, before handling/shipment to DENTSUPPLY (read Warranty terms);
2. Please fill out this form and send with pictures/video of claim (info@dentsupply.eu);
3. DENTSUPPLY will contact you upon your warranty claim within 5 days

NOTE!!

Warranty is not valid for scratches, cracks or other visual defects. Each device has been visually inspected and photo report has been made by Dentsupply before shipment.