

Date	<input type="text"/>
N° Dossier RMA	<input type="text"/>
N° suivi Colissimo	<input type="text"/>

AFTER SALES FORM

SEND THIS FORM TO SAV@AV-INDUSTRY.COM

RETAILER NAME

CONTACT

TELEPHONE

EMAIL ADDRESS

PRODUCT:

Brand & model

SERIAL NUMBER

PURCHASING DATE

(Consumer invoice to enclose)

EAN Code

Complaint description

missing

scratch

broken

out of
work

other

Description

Photo to be supplied

**Collection Address
for return**

Availability date

followed by:

Signature + stamp retailer

DATE: