



REPAIR FORM

ORDER INFORMATION

Invoice Number:

Date:

Had contact with:

YOUR DETAILS

Company name (if applicable):

Name :

Email :

REPAIR DETAILS

Item Number	QTY	Fault description

* Sending the package is at your own risk. Ask for proof of sending the package, and hold on to it.

ATTACH THE FOLLOWING LABEL TO THE PARCEL



SENDER

Name:
Address line 1:
Address line 2:
City:
Postcode:
Country:

REPAIR SERVICE

Beetronics BV
Zoomstede 25
3431 HK Nieuwegein
Netherlands