support@vimron.com
+421 904 600 606

VIMRON s. r. o.
Kopčianska 35
851 01 Bratislava

Complaint form

Order / RMA form number ..... (filled out by service)

Customer / Invoice data	
Name and surname	
Address	
Phone number	
E-mail	
Company name, ID	
Product details	
Device model	
Serial number	
Date of purchase	

Failure description

Warranty repair ☐ Out of warranty repair ☐ Return Merchandise Authorization ☐

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Statement of service

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..... (filled out by service)

* The customer declares that he has read the **Warranty conditions** and the **Return Policy** for the provision of warranty or post-warranty service and accepts them in full. The customer agrees to be contacted by e-mail or telephone in matters related to the claimed equipment.

.....
Date and customer signature

.....
Date and service technician's signature