

REPAIR AUTHORIZATION FORM

Authorization number <i>(To be filled up by Scharlau)</i>	
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Full name				
Company name (optional)				
Address				
City				
Zip Code				
Country				
Phone number				
E-mail				
Reference	Description	Quantity	Invoice N°	Invoice date
Repair required:				
<p>*Together with this form you ought to attach a picture where the major imperfections are clearly visible.</p>				

In order to proceed with your request form, please follow the instructions below:

1. E-mail this form completely filled up to our Service Centre at: repairs@scharlau.com
2. Warranty covers all repairs until 2 years after purchase invoice date.
3. Once we have verified all information we will return to you a copy of the form with our approval.
4. To pick up your product, please package the goods in the original packaging, together with a copy of this form and a copy of the purchase invoice.

We will not accept any article returned without the previous approval of our Service Center. Otherwise, the package –with no repair- will be sent back to you again.