

WARRANTY REPORT



First Name: _____	Address: _____
Last Name: _____	_____
Phone no: _____	Zip Code: _____
Fax no: _____	City: _____
E-mail: _____	State/Country: _____

Please describe the cause of the damage:

What part broke?	Productname:	Item:	Qty:
<input type="checkbox"/> Case			
<input type="checkbox"/> Multidapt female/adapter			
<input type="checkbox"/> Clip			
<input type="checkbox"/> Swivel/beltholder			
<input type="checkbox"/> Knob			
<input type="checkbox"/> Other			

To find the productname and itemno, please visit the productsearch at www.krusell.se

Place of purchase:	PLEASE NOTE: ATTACH YOUR ORIGINAL RECEIPT HERE
Other information:	
I Certify that the above information is correct: <input type="checkbox"/> Yes	
Signature:	
Date:	

Please do not forget to include your product in the envelope and to attach your original receipt above. Do not include any undamaged part in the envelope, if the case is damaged, if you claim warranty for your case, please remove the clip or the swivelknob before sending us the case. Address: Krusell International AB, Kryptogatan 5b, SE-431 53 Mölndal, Sweden

