

SERVICE ORDER

I order a service

warranty

post-warranty

Ordering Party name	
Address	
Telephone number, e-mail address	

The name of the sports facility (installation site)	
Address	
Contact person Name and surname, position telephone number / mobile number	

Description of faults:

Date of installation / purchase of devices	
Purchase contract / Invoice number	
Contractual warranty period	

Payer - mandatory to fill in

(We charge the costs of post-warranty service, as well as warranty service, when the defects are not covered by the warranty, occurred due to the user's fault or the call for the service was unjustified)

Payer name	
Address	
VAT No	

Proposed date of service, additional comments	
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I declare that I am aware of the PESMENPOL warranty and service conditions. I am aware that in case of a fault not covered by the warranty, we will be charged for the cost of travel and services. We authorize the Contractor to issue a VAT invoice without our signature.

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Place, date

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Signature and stamp of the Ordering Party Representative