

CLAIM FORM

1.	Company name ,Phone / e- mail						
2.	Invoice number			Date			
3.	Lontex code, name of claimed item			·	Qua	ntity	
4.	Exact description of the failure						
5.	Date of detected defect		Number of k traveled	ilometers			
6.	Brand and vehicle type						
7.	Chassis Number (VIN)						
8.	Date of activation / first pairing						
9.	Name, address and telephone of the workshop assembling the part						
10.	Advertiser request						

1. I agree to review the complaint within a period of not less than 30 days from the date of submission.

2. Application without a complete set of data / documents (warranty card) will not be considered!

3. I agree to the costs incurred to clarify the complaint which will prove unreasonable

Signature and date

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Clear signature and date of the claimant

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LONTEX Sp. z o.o. Sp. k. ul. Ligocka 55 43-502 Czechowice-Dziedzice tel. +48 (32) 215 27 97 **REGON:** 243132710 **NIP:** 6521723017 **KRS:** 0000443143 www.lontex.pl Sad Rejonowy Katowice-Wschód w Katowicach, Wydział VIII Gospodarczy Krajowego Rejestru Sądowego Kapitał zakładowy: 9.788.948,42,- PLN