

## **Document for claims**

Date:
Customer number:
Customer name:
Your reference on the claim:
Delivery address for return/exchange including phone number for notification:
Product:
Item number:
Serial number:
Date of sale (confirmed with receipt):
Date of purchase:
Invoice number:
Delivery note number:
Error description:
<del>-</del> 1. 1

This document is emailed to <a href="mailto:reklamation@fluidra.se">reklamation@fluidra.se</a>

You will receive a reply from us with an RMA number that applies to this matter.

Claims received without an RMA number will not be processed and will be returned without action.

Tel: +4631-99 41 00

Fax: +4631-99 41 05

IBAN: SE25500000000050371063566

Org.nr: 556898-5054

Bankgiro: 129-4974

www.fluidra.se

**BIC: ESSESESS** 

Fees will be charged if the claim is not approved.

## **FLUIDRA**

Klangfärgsgatan 10 426 52 Västra Frölunda Sweden