

# CHYLAK

## WARRANTY CLAIM

Please fill out the Warranty Claim Form, and place it in a box with the Product.  
Please seal the box and send within 2 years of the order delivery date to the following address: **ul. Dobra 14/16, 00-388 Warszawa.**

I hereby submit a warranty claim about the following Product:

reason:

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order delivery date:

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order/invoice number:

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name:

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mailing address:

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phone number:

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Signature:

Date:

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