

## **Service application**

SELLER (SIA, retailer, organization)	
Name *	
Address	
Phone *	
PRODUCT	
Name of product *	
Description of defect *	
Bill of lading no. *	
CUSTOMER (person which hands over the produ Companies name	ıct for warranty repair)
Phone *	
Email	
Date	Signature *
* – required fields	
Filled in by BROCK electronics service	
Type of repair: □ paid □ warranty	
Conclusion	
Date	Signature

## General conditions.

In the case where a warranty repair is not possible, the repairperson will contact the Customer (the person who handed over the product for warranty repair) to come to an agreement regarding a possible paid repair. In the case where a warranty repair is possible, the defect will be corrected and the Product will be returned to the Seller in 15 days. In some cases, with the customer's consent, this time period can be extended.

Phone number of service center: 28683856, email: serviss@gtcl.lv.