

SERVICE FORM NORRØNA SPORT AS

Ships with the products of repairs/claims

		Date:
Customer:		
Address:		
Zip Code:		Post Office:
Tlf:		E-mail:
Where is the product purchased:		
Purchase Date (feel free to send the receipt):		
Product:		
Colour:	Size:	Prodno:

Claim

Repairs

Cause for claims/repairs:

I am aware that products that are not washed will be sent in return

I am aware that worn products will not be repaired

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Signature