

NAME

SURNAME

TELEPHONE

EMAIL

ORDER N°

MODEL REFERENCE (SKU)

ADDRESS

DATE OF PURCHASE

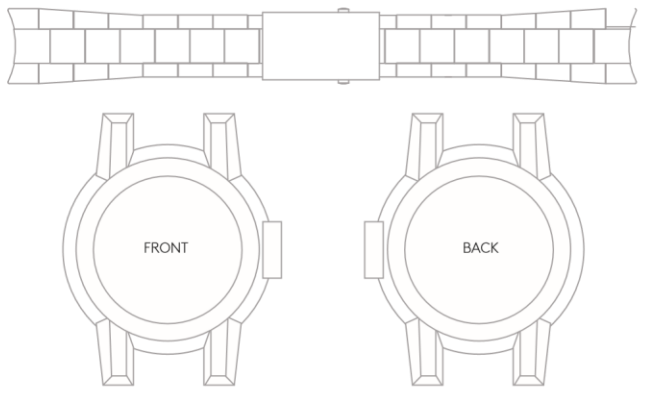
SERIAL NUMBER

RETURN REASON	<input type="checkbox"/> REFUND	<input type="checkbox"/> REPAIR	<input type="checkbox"/> SERVICE	<input type="text"/> OTHER	SENT PREVIOUSLY	<input type="checkbox"/> Y	<input type="checkbox"/> N
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CUSTOMER NOTES

PLEASE LEAVE BELOW FORM BLANK FOR OUR DIAGNOSTIC WATCHMAKER TEAM

LOCATION	JOB N°	MODEL REFERENCE (SKU)	60:60 GUARANTEE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 60 DAYS <input type="checkbox"/> 60 MONTHS <input type="checkbox"/> OUT

MOVEMENT ISSUE	<input type="checkbox"/> Y	<input type="checkbox"/> N			
CASE SCRATCHES	<input type="checkbox"/> Y	<input type="checkbox"/> N			
CASE DAMAGED	<input type="checkbox"/> Y	<input type="checkbox"/> N			
BRACELET SCRATCHES	<input type="checkbox"/> Y	<input type="checkbox"/> N			
FAULT AREA	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
FAULT CODE	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/> SERVICE	<input type="checkbox"/> REPAIR	<input type="checkbox"/> PART JOB	<input type="checkbox"/> NEW BATTERY	<input type="checkbox"/> REGULATION	<input type="checkbox"/> _____
<input type="checkbox"/> CASE	<input type="checkbox"/> DIAL	<input type="checkbox"/> BEZEL INSERT	<input type="checkbox"/> HANDS H/M	<input type="checkbox"/> 15 MIN LABOUR	<input type="checkbox"/> _____
<input type="checkbox"/> GASKET	<input type="checkbox"/> U. CLEAN	<input type="checkbox"/> BRACELET ADJUST.	<input type="checkbox"/> HANDS S	<input type="checkbox"/> _____	<input type="checkbox"/> _____

DIAGNOSTIC NOTES

GOES TO	SHIP PARTS	UNDER GUARANTEE	DATE	CHECKED BY
<input type="checkbox"/> UK <input type="checkbox"/> CH <input type="checkbox"/> WD <input type="checkbox"/> ME <input type="checkbox"/> BTC	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="text"/>	<input type="text"/>

REPAIR NOTES

RESOLUTION CODE	DATE
<input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/> <input type="checkbox"/>	CHECKED BY
	<input type="text"/>