



A - Customer data				
Please complete this form in capital letters.				
Name				
Address				
City	Country			
Phone or Mobile	Email Address			

B - Defect * for internal use only

Please indicate position of the defect:

_	-1			
റ	Snou	ııder	strap	- 67*

O Zipper

quantity:

O principal - 50*

O small - 51*

O Seams - 53*

O inside

o outside

O Buckle - 65/79/80/81*

O Wheel - 52*

O Velcro - 60*

O Handle - 70*

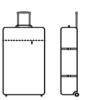












C - Repair / Replacement

If the defect is covered by warranty and you cannot repair my Eastpak I would prefer:

- O A replacement by the same or similar product (free of charge)
- O To have it back (unrepaired)

Please indicate if:

O You would prefer a repair rather than a replacement by a similar product (eg. different colour)

D - Repair with charge

If the defect is not covered by warranty we can offer you a repair at charge. Please indicate your choice below:

- O Yes, I agree with a repair at charge if the defect is not covered by warranty. Please send the bag back unrepaired if the cost is higher than _
- O No, I don't agree with a repair at charge if the defect is not covered by warranty. Please send the bag back unrepaired.

Please note that we only accept your parcel if you send it at own expense. Please add a copy of your proof of purchase.