Warranty claim form

FREYALED

Contact details

Buyer (first name and surname, company name)	
Street and number	
Town/City	
Postcode	
Company ID / VAT ID	
Telephone and e-mail	

I hereby make a claim for the goods specified below

Date of claim	
Luminaire type	
Number of pieces claimed	
Invoice number	
Description of the defect	

Seller’s statement (to be completed by the seller)

Seller’s statement	
Method of settlement	
Date of settlement	
Claim handled by	

Please send the completed form to led@freyaled.com. Enclose the invoice with your claim – it serves as the warranty certificate.

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