

# REPAIR REQUEST



In order to offer you the best possible service, we kindly ask you to completely fill in this form and to enclose it to your repair request.

Please send your parcel postage prepaid to:  
(Insufficiently prepaid parcels will be refused by the carrier)

At the same time: Please transfer the amount from our corresponding price list to the following account:

**Dakine Shop GmbH**  
Reparaturservice  
Alte Landstraße 17  
85521 Ottobrunn  
Germany

**Dakine Shop GmbH**  
IBAN: DE35700202700652638112  
BIC: HYVEDEMMXXX  
Bank: HypoVereinsbank München

## CUSTOMER DETAILS

\_\_\_\_\_  
Last name, first name

\_\_\_\_\_  
Client number (falls vorhanden)

\_\_\_\_\_  
Street, number

\_\_\_\_\_  
Email address

\_\_\_\_\_  
Zip code, city

\_\_\_\_\_  
Phone number (optional)

\_\_\_\_\_  
Country

## DAMAGE DETAILS

I request a repair of my product's following defect at my own expense:

- |   |                                 |                                 |                                     |
|---|---------------------------------|---------------------------------|-------------------------------------|
| <input type="checkbox"/> Shoulder strap | <input type="checkbox"/> Zipper | <input type="checkbox"/> Buckle | <input type="checkbox"/> Inner seam |
| <input type="checkbox"/> Outer seam     | <input type="checkbox"/> Handle | <input type="checkbox"/> Others |                                     |

Please describe the defect of your product as accurately as possible:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature