



Please fill in all grey fields, otherwise processing delays may occur.

invoice address / sender:						WE			2018	
company						customer nr. if required				
contact						tel.:				
zip						e-mail				
street					city		state			

article						serial nr. if required					
size											
other						serial nr. if required					

X GLOO contact (if required) _____

info / description of damage: requested delivery date:

different address (if necessary): _____

Please send only damaged article without accessories! (Specify the number of sent article and accessories **please**):

<input type="checkbox"/> X GLOO	<input type="checkbox"/> pump	<input type="checkbox"/> hand sand	<input type="checkbox"/> electro water
<input type="checkbox"/> Entrance Wall	<input type="checkbox"/> ballast sacks	<input type="checkbox"/> sand	
<input type="checkbox"/> Window Wall	<input type="checkbox"/> stabilisation		
<input type="checkbox"/> Standard Wall	<input type="checkbox"/> other		
<input type="checkbox"/> Canopy			
<input type="checkbox"/> Tunnel Part			
<input type="checkbox"/> Seat			

Work to be carried out (Mark damaged area for repair):

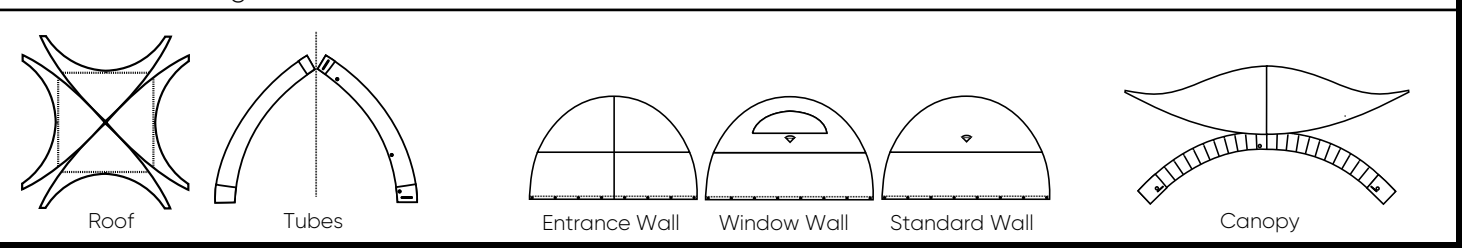
repair damage marked? service
 other _____

Repair / Cost estimate by:

mail phone discussed other _____

Should there be a warranty claim, we require a copy of purchase invoice.

Please mark damaged area here and on the article!



Please send the contract with form enclosed: Skywalk GmbH & Co. KG Customer-Service, Windeckstr. 4, 83250 MARQUARTSTEIN / GERMANY

date 2018 signature _____