

Application form

When submitting the device for the repair, we ask for using the application form and attaching it to the parcel

MODEL

SERIAL NUMBER

THE TYPE OF REPAIR:

A/ WARRANTY (the required document is proof of purchase)

B/ CHARGEABLE

C/ PRE-SALE (the required document is proof of purchase)

DEFECT DESCRIPTION

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PERSONAL DETAILS

COMPANY

PHYSICAL PERSON

NAME AND SURNAME*

COMPANY NAME

ADDRESS

POST CODE

CITY

TELEPHONE NUMBER

E-MAIL ADDRESS

* In case of company, please indicate us contact details (name, telephone number, e-mail address).

INVOICE DETAILS

COMPANY NAME

ADDRESS

POST CODE

CITY

NIP NUMBER

METHOD OF PAYMENT: PROFORMA , ONLINE PAYMENT , CASH ON DELIVERY

EQUIPMENT:

Please do not send accessories that are unconnected to the submitted defect. Proclub does not take responsibility for such accessories.

TERMS AND CONDITIONS , GDPR CAN BE FOUND ON THE PROCLUB.PL WEBSITE