TELCA

M.A.T. (TECHNICAL ASSISTANCE FORM)

CUSTOMER

name_____ surname_____ date _____

street _____ n°_____zip code_____

city_____prov._____

tel.: _____ mail: _____

c.f. / p.iva _____ sdi / pec _____

RETURN SHIPPING ADDRESS

name_____ surname_____ date _____

street _____ n°_____ zip code _____

city_____prov._____

tel.: _____ mail: _____

rif. intercom _____ floor_____

DEFECTIVENESS FOUND IN THE OBJECT / ACCESSORIES / OTHER

Model:	Color	Problems / defects / required processing:

If you are shipping an airsoft or military training replica, if not requested, please include it without any accessories attached as the laboratory will not be liable in case of loss of the same.

COMMS DEVICES / HEADSET / NVG / ATPIAL SYSTEMS

Model:	Quantity:	problems / defects / required processing:

intervention agreed through: MAIL (_____)

WHATSAPP (tel number _____)