

FALCO HOLSTERS CLAIM

With this request, I wish to claim purchased item and apply for a Lifetime Warranty Compensation

Order date		Order #		'	Invoice #	Email, Phone number
Item #	Description		Qty bought	Price	Qty returned	Defect
Please w	rite in your	Return Sh	ipping Addr	ess and	a Phone Num	ber
V	. 1. 2					
	•		arranty in ju te product:		•	it to our email address:
	ort@falco			o to olai	m ana ocna	it to our crimin address.
2. Pac	Pack the items send it to our shipping address, including the original invoice					
	-	•	_			approve your request
4. Afte	er repairing	g/replacin	g the produ	ıct, we v	will send it b	ack to you
			-		owing terms:	
			ase of the		` ,	
						e on the package, to be sure it gets to us without amage during shipment)
	gence. No			_	•	ent, improper use and overburdening the gear, or ratches, and abrasions are not considered as a
Only	original, u	naltered,	and unmod	lified m	aterials and	workmanship are covered by this policy
					ducts purchas, and belts	ased through www.falcoholsters.com. Second Hand
• The	filled Clain	n slip shal	l be attach	ed to fa	cilitate the r	return process
World sh	ipping addr	ess for cla	ims:			
				Stiavni	ca, Slovakia	

FALCO SK s.r.o. – Claim

Your signature

Your name, date