

SERVICE FORM UNDERSUIT FORMULARZ SERWISOWY OCIEPLACZ

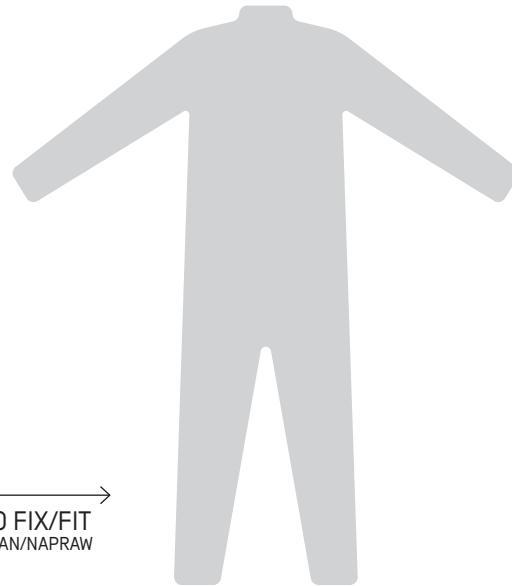
™ **SANTI**

| YOUR DATA TWOJE DANE | |
|--------------------------------|--|
| NAME IMIĘ | |
| SURNAME NAZWISKO | |
| PHONE NUMBER NUMER TELEFONU | |
| E-MAIL E-MAIL | |

| DELIVERY DOSTAWA | |
|---------------------------|--|
| STREET ULICA | |
| CITY MIASTO | |
| POST CODE KOD POCZTOWY | |
| COUNTRY KRAJ | |

| SERVICE SERWIS (SELECT ONE / ZAZNACZ JEDEN) | |
|---|--------------------------|
| REPAIR NAPRAWA | <input type="checkbox"/> |
| MODIFICATION MODYFIKACJA | <input type="checkbox"/> |
| SERIAL NUMBER NUMER SERWISOWY | |
| <input type="text"/> | |

| MODEL (SELECT ONE / ZAZNACZ JEDEN) | |
|------------------------------------|--------------------------|
| FLEX 360 | <input type="checkbox"/> |
| FLEX 360 LADIES FIRST | <input type="checkbox"/> |
| FLEX 190 | <input type="checkbox"/> |
| FLEX 190 LADIES FIRST | <input type="checkbox"/> |
| KANGO | <input type="checkbox"/> |
| BZ200 | <input type="checkbox"/> |
| BZ400X | <input type="checkbox"/> |
| BZ400X LADIES FIRST | <input type="checkbox"/> |



← CONTINUATION ON THE BACK
DALSZA CZĘŚĆ NA ODWRÓCIE

→ SELECT PART/S TO FIX/FIT
ZAZNACZ MIEJSCE/A ZMIAN/NAPRAW

| DAMAGE USZKODZENIA | |
|----------------------|--|
| <input type="text"/> | |

DATE DATA

CLIENT SIGNATURE PODPIS KLIENTA

ALTERATION ZMIANY

| | SHORTENING [cm] SKRACANIE [cm] | LENGTHENING [cm] WYDŁUŻANIE [cm] | | WIDENING [cm] POSZERZANIE [cm] | NARROWING [cm] ZWĘŻENIE [cm] |
|---------------------|-----------------------------------|-------------------------------------|---------------------------|-----------------------------------|---------------------------------|
| LEGS NOGI | | | CHEST KLATKA PIERSIOWA | | |
| BODY TRUNK TORSO | | | WAIST TALIA | | |
| ARMS RAMIONA | | | HIPS BIODRA | | |
| | | | CALF ŁYDKA | | |
| | | | THIGH UDA | | |
| | | | BICEP BICEPS | | |

NOTES NOTATKI

DATE DATA

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