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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SERVISNÝ LIST**  **Reklamácia**  **Oprava**  **Servisná prehliadka**  **Výjazd** | | | | | | | | | | | | | | *Číslo reklamácie / opravy* | | | | | |
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|  | |  |  | |  | |  |  | |  | |  | | | |  | |  |  |
|  | **Výrobok zaslaný balíkom** | | | | | *(Servisný list vložte do obálky a prilepte na výrobok)* | | | | | | | | | | | | | |
|  | |  |  | | |
|  | **Požadujem servis na mieste** | | | | | *(Kontaktujte nás písomne na našej adrese alebo e-mailom na reklamacie@ksystem.eu)* | | | | | | | | | | | | | | |
|  | |  |  | | |
| **UPOZORNENIE:** *V prípade, že počas dopravy dôjde k poškodeniu tovaru z dôvodu nedostatočného balenia, bude táto závada*  *odstránená na náklady odosielateľa.* | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| **Objednávateľ (fakturačné údaje):** | | | | | | | | | | |  | |  | | | Trasa / spôsob dopravy | | | |
| Názov firmy/Meno: | | | |  | | | | | | | | | | | |  | | | |
| Adresa: | |  |  |  | | | | | | | | | | | |  | | | |
| Kontaktná osoba: | | | |  | | | | | | | | | | | |  | | | |
| Telefón: | |  |  |  | | | | | IČO: |  | | | | | |  | | | |
| E-mail: | |  |  |  | | | | | DIČ: |  | | | | | |  | | | |
|  | |  |  |  | | |  | | IČ DPH: |  | | | | | |  | |  |  |
|  | | | | | | | | | | | | | | | | | | | |
| **Adresa reklamácie / opravy:** *(vyplniť ak* ***NIE JE*** *totožná s objednávateľom)* | | | | | | | | | | | | | | | | | | | |
| Názov firmy/Meno: | | | |  | | | | | | | | | | | | | | | |
| Adresa: | | | |  | | | | | | | | | | | | | | | |
| Kontaktná osoba: | | | |  | | | | | | | | | | | | | | | |
| Telefón: | |  |  |  | | | | | | | | | | | | | | | |
| E-mail: | |  |  |  | | | | | | | | | | | | | | | |
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| **Číslo faktúry / zákazky:** | | | |  | | | | | | | | **Záruka platná od**: | | | | |  | | |
| **Druh výrobku (názov):** | | | |  | | | | | | | | do: | | | | |  | | |
| **Dátum odoslania balíka:** | | | |  | | | | | | | |  | | | | | | | |
|  | |  |  |  | | |  |  | |  | |  | | | |  | |  |  |
| **Opis závady:** | | | | *(Sem napíšte všetky dostupné údaje: počet kusov reklamovaného / opravovaného tovaru, popis závady,...)* | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Podpis objednávateľa: | | | | | | | | | | | | | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | |
|  | |  |  | |  | |  |  | |  | |  | | | |  | |  |  |
| Meno zamestnanca: | | | |  | | | | | | | | Podpis: | | |  | | | | |
| *(ktorý prevzal balík)* | | | | |  | |  |  | |  | |  | | | |  | |  |  |
|  | | | |  | | | | | | | |  | | | |  | |  |  |
| **Dátum zaevidovania  reklamácie/opravy:** | | | |  | | | | | | | |  | | | |  | |  |  |
| *(vyplní referent reklamačného oddelenia)* | | | | | | | | | | | |

*FO 11\_05\_01\_02 DA05 3 Verzia 2 z 2014*