

REPAIR SERVICE

IMPORTANT: PLEASE FILL OUT COMPLETELY



PRODUCT: HAWK PEN ☐ THUNDER/SPIRIT ☐ GRIP ☐ POWER UNIT ☐

SERIAL NUMBER: DATE OF PURCHASE:

DISTRIBUTOR:

INVOICE COPY: YES ☐ NO ☐

DESCRIBE YOUR PROBLEM:

SURNAME:

FIRST NAME:

ADDRESS:

COUNTRY/REGION:

E-MAIL:

PHONE:

STUDIO NAME: STUDIO PHONE:

ADDITIONAL INFO:

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