

COMPLAINT FORM



In order to send the service order please fill in the following form.
An Authorized VTS Service Center or a VTS service worker will contact you within 24 hours in order to discuss the service claim.

Service country: *

Device type: *
(Volcano, Defender)

Serial number *

Volcano: VR1-RR/xx..., VR2-RR/xx..., VRMINI-RR/xx
Defender: WHN100-RR/xx..., WHN150-RR/xx..., WHN200-RR/xx..., EHN100-RR/xx..., EHN150-RR/xx..., EHN200-RR/xx...

Pallet ID: 229.....*

PERSON SUBMITTING SERVICE CLAIM

Name and surname: *

Phone number: *

Email: *

COMPANY DETAILS

Company name: *

Address: *

Postal code: * City: *

VAT UE number: *

If you are able to provide us with an initial problem diagnosis or any additional information regarding a particular defect please fill in the fields below. In order to facilitate the process of communication at a time convenient for you please specify an expected date of contact.

The problem regards:

EH device purchase date * EH device startuap date Preferred contact date

DELIVERY ADDRESS (in case of warranty replacing devices)

Recipient: *

Address: *

Postal code: * City: *

Contact person: *

Phone number: *

I give my consent to charging me with the cost of any unjustified warranty call in accordance to prices of relevant Authorized VTS Service, based on the VAT invoice issued by Authorized VTS Service.

Providing the duplicate document of the purchase and warranty card before repair realization is necessary to make repair of the VOLCANO and DEFENDER devices as warranty. Documents can be sent by email: eshop@vtsgroup.com