



Claim Report

CLAIM REPORTING FORM

Date: ___5/10/2024_____

Dealer Name:	BRAND:
Contact:	Euro Link LP Invoice No.:
Street Address:	AB# from bar code AB
City:	Claim ref:
State:	Style:
Zip:	Cover
Telephone:	PHOTOS SUBMITTED:
Fax: na	VIDEOS SUBMITTED:

Detailed description of the problem on the claimed item:

MANDATORY: Please also include the Himolla Bar Code as shown below as we must have this information to process your claim. You find the bar code in a small plastic pouch attached underneath the footrest.





****All required information and photos must be submitted before the claim process will begin. Please email digital photos or mail to Euro Link LP: shelly@europlinklp.com**

Submitted by:

Date:

PAGE 2 - CLAIM PROGRESS FORM – EURO LINK LP USE ONLY.

CLAIM SUBMITTED TO FACTORY

on:

by:

REPLY FROM FACTORY

on:

by:

INSTRUCTIONS FROM FACTORY:

IF CLAIM IS OUT OF WARRANTY

EURO LINK INQUIRY TO FSN:

on

Does FSN have a tech in?

REPLY FROM FSN:

on:

EURO LINK REPLY TO CUSTOMER:

date:

Your claim is unfortunately no longer covered by the manufacturer's warranty. Customer can order parts at a cost price of \$..... incl shipping. Customer has to contact tech company to schedule the repair. Customer has to pay for labor. EURO LINK LP recommend the tech company FSN as we have worked with them successfully before and FSN have a tech in 3444 Smithtown. Tel. (877)-844 1813

Please confirm address where Euro Link LP should ship the parts.

Address 1:

Address 2:



City:
ZIP:
Good phone number where customer can be reached:

REPLY FROM CUSTOMER: date:
 Address 1:
 Address 2:
 City:
 ZIP:
 State:
 Good phone number where customer can be reached:

REPLY FROM EURO LINK LP: *Please find attached SO....., (our order confirmation for your parts order.)
Pur accounting department will contact you by phone shortly to collect your payment
By CC. Once your payment has been received we will order required parts from the
factory. Please allow an estimated delivery time of about 3 -6 weeks.*

PAYMENT FOR PARTS RECEIVED: on:

PARTS ORDERED FROM FACTORY on: with PO number:

PARTS RECEIVED FROM FACTORY on:

PARTS FORWARDED TO:
Address 1:
Address 2:
City:
ZIP:
State:
Good customer 's tel no:

PARTS FORWARDED TO CUSTOMER on: FedEx Tracking number:

IF CLAIM IS STILL UNDER WARRANTY

INSTRUCTIONS FROM: *The claimed item is still covered under warranty.*