

MAGURA SERVICE

REPAIR SERVICE FORM FOR MAGURA PRODUCTS



Please copy and fill out this form



Customer No. _____

Telephone No. _____

Name _____

Address _____

Anschrift _____

E-mail _____

Your reference _____



Include a copy of the receipt of purchase



Please cross where applicable

Guarantee/Warranty **(only with a valid purchase receipt)**

Approval of the repair costs without a cost estimate beforehand

Please send us a cost estimate

BRAKE: _____ **MODEL:** _____

- | | |
|---|---|
| <input type="checkbox"/> loss of bite point, despite bleeding | <input type="checkbox"/> loud squealing |
| <input type="checkbox"/> Brake lever leaking | <input type="checkbox"/> damaged hose |
| <input type="checkbox"/> MT brake caliper leaking | <input type="checkbox"/> ripped, bent, broken |
| <input type="checkbox"/> HS brake cylinders leaking | <input type="checkbox"/> lack of brake power |
| <input type="checkbox"/> cannot be filled | |
| <input type="checkbox"/> other _____ | |



Secure packaging and shipping



FORK: _____ **MODEL:** _____

- | | |
|--|---|
| <input type="checkbox"/> regular service | <input type="checkbox"/> FCR / Lift Select faulty |
| <input type="checkbox"/> leakage, loss of oil | <input type="checkbox"/> play |
| <input type="checkbox"/> leakage, loss of air | <input type="checkbox"/> knocking |
| <input type="checkbox"/> Lock Out / compression damping faulty | <input type="checkbox"/> ripped, bent, broken |
| <input type="checkbox"/> damping faulty | |
| <input type="checkbox"/> other _____ | |

REAR SHOCK: _____ **MODEL:** _____

- | | |
|---|---|
| <input type="checkbox"/> regular service | <input type="checkbox"/> damper adjustment faulty |
| <input type="checkbox"/> leakage, loss of oil | <input type="checkbox"/> play |
| <input type="checkbox"/> leakage, loss of air | <input type="checkbox"/> broken |
| <input type="checkbox"/> other _____ | |



Processing time within two work days**



SEATPOST VYRON: _____ **MODEL:** _____

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> regular service | <input type="checkbox"/> no movement |
| <input type="checkbox"/> leakage, loss of oil | <input type="checkbox"/> play |
| <input type="checkbox"/> leakage, loss of air | |
| <input type="checkbox"/> other _____ | |



Date _____

Signature _____ Please return to: _____

Please note our General Terms and Conditions. _____

** pure handling time, exclusive delivery time and availability of spare parts.