

Complaint Form

for non-EU countries

***= Required field, please fill out!**

Customer No.:	*	
Order No.:		
Customer Ref.:		

Please send this form to the following e-mail address:
interflex.rma@allegion.com

Contact person for delivery: *
Forwarder: *
Account number: *

Reason of Return / Additional Measures
(multiple selection possible)

Warranty

Estimate of costs

Repair

Sender: *
Your Email address: Telephone number:
Alternate Address for Delivery:
Billing address:*
Additional information/ Remarks:

Quantity*	Item No.*	Serial No.*	Receipt No.	Error Description / Instructions *

City/Date _____ Name in printed letters _____ Signature _____

Print Form