

Warranty Claim Form

(to be filled out by customer)

1. Customer information:

Name: _____

Address: _____

Post: _____

City: _____

Telephone no.: _____

2. Product information:

Date of Purchase: _____

No of Invoice: _____

Point of Purchase: _____

Serial No.: _____

3. Claim date: / /

4. Description of fault/complaint:

Model: _____

Handle:

No charge

No power, slight humming noise

Charging, doesn't switch on

Stops after few cycles

Other: _____

Charger:

No charge

Other: _____

(grey section to be filled out by customer service)

5. Replaced: New part :

Returned old part:

Serial No.: _____

Comments: _____

Replacement date: / /

* THIS WARRANTY CLAIM FORM COVERS
2-YEAR WARRANTY PERIOD FOR THE PART REPLACED!

Personal pick up:

Send by post:

Authorized signature: _____

Please note:

**IF THE COSTUMER
DOESN'T RETURN THE
DEFECTIVE DEVICES,
HE CAN BE INVOICED FOR
THE REPLACED PARTS!**



For best results

CURAPROX recommends the use of the complete Hydrosonic System which involves the use of the «Black Is White Hydrosonic» toothbrush together with the toothpaste «Black Is White» / «White Is Black».