



RETURN ADDRESS
 Hrusická 1616/3
 141 00
 Prague 4
 The Czech Republic
 Tel: +420 725 359 870
 (for shipping packages only,
 staff does not speak English)

RETURN MERCHANDISE FORM

Device and order information

Invoice number: _____ Date: _____
 Company name and Country: _____
Company Name *Country*

Devices select all applicable:

- | | | |
|--|--|--------------------------------|
| <input type="checkbox"/> Listening devices | <input type="checkbox"/> Detectors | <input type="checkbox"/> Other |
| <input type="checkbox"/> Cameras | <input type="checkbox"/> Voice recorders | <input type="checkbox"/> |

DEVICE NAME (PCS)	DESCRIPTION OF PROBLEMS

Claim handle option:

- Repair
 New device

Urgency	
<input type="checkbox"/> Extreme	When you have a customer waiting.
<input type="checkbox"/> Normal	

Please note that we try to always process your claim as soon as possible. We are very sorry that this has happened and we would like you to be patient before we solve the issues for you. It can take up to **10 business days** from us receiving the goods before we can determine the problem with your device. Repair option will be charged to your account, in case the damage was caused by your customer.