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Registration service claim

Contact details

First Name:	Last name:	
Address:	City, State, Zip Code / Postcode:	
Country:	E-mail:	
Telephone No.	Mobile No.	
When existing: Customer ID		

Details of claim

Exact product name:	Article no.	Serial no.		
Date of purchase:	Hours of use:			
Dealer where product was purchased:	Address of dealer: (City, State, Zip Code / Postcode, Country)			
Detailed description of problem (including error message)				

Description of the products of the system that are included: