

Warranty / Service Order

Suspension elements

Please fill out the light blue free fields **digitally**, then print the form, sign and enclose it to the service parts in your package. Send the package to:

LEMON SHOX
Schleifweg 53
D-90409 Nürnberg

Contact:

Nils Gonda and
Volker Rauschenbach
Phone: +49 911 27460066
E-Mail: mail@lemonshox.com

lemonshox.com
instagram.com/lemonshox



Warranty claim

Please enclose a copy of the purchase receipt
(Processing is otherwise not possible)

Service (fee required)

Personal informationen

First name: _____ Last name: _____

Street: _____ Number: _____

ZIP-Code: _____ City: _____

E-Mail: _____

Phone: _____

Additional information for companies

Company: _____

Owner: _____

VAT No.: _____

Contact person: _____

CRN: _____

Product-specific information (What is it about?)

Currently set
air pressure

Fork Manufacturer: _____ Model: _____

Shock Manufacturer: _____ Model: _____

Seatpost Manufacturer: _____ Model: _____ *Values for seatposts are fixed*

Bicycle manufacturer / model: _____

Riding style / skills: _____

Rider weight (ready to ride): _____ kg

Error description / work to be carried out / wishes:

_____ **date and location**

_____ **signature customer**

This area is to be filled out by the service center

Hersteller _____

Job / Reklamations-Nr.: _____

Modell _____

Bearbeiter _____

Eingangs-Datum _____

Serien-Nr. _____

Notizen:

Vk-Datum _____

Berechnung

Garantie

Unrepariert zurück

Kassenzahlung / Selbstabholer

Versand