



**LIFTINGITALIA**<sup>®</sup>  
COMFORTABLE HOMELIFTS

## CUSTOMER SERVICE FORM

Date		Job number or Customer reference	<input type="checkbox"/> LiftingItalia	<input type="checkbox"/> Customer
Contact person				
Company		Shipping address		
Telephone nr.				
Email				

Description of the issue  <small>If available, please attach images</small>		Evidence carried out	

Q.ty	Component code	Description	Failure	Missing	Under warranty	Not compliant
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please fill the form and send it by email to [support@liftingitalia.com](mailto:support@liftingitalia.com) or by fax to **+39 0521 695314**