

To provide you with a good service, please fill in this form **completely**.

Please make sure to add a purchase invoice in the delivery and send the whole product in a clean condition (mechanical and electronical parts, protection cover, full or empty cartridge, packaging).

We recommend to register your airbag system at www.my.helite.com.

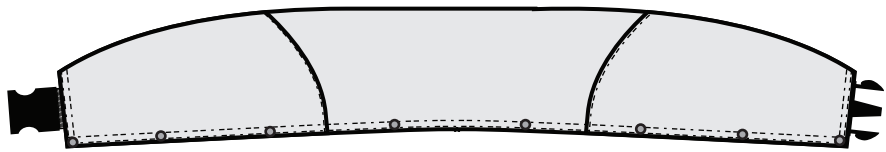
* Required fields			
Contact details for shipping	* <input type="radio"/> Retailer <input type="radio"/> Customer		Address
	<input type="text"/>		<input type="text"/>
	* Surname		* Street and streetnumber
	<input type="text"/>		<input type="text"/>
	* First name		Addition to address
	<input type="text"/>		<input type="text"/>
* Phone		* Zip Code - City	
<input type="text"/>		<input type="text"/>	
Mobile		* Country	
<input type="text"/>		<input type="text"/>	
* Email		* Date	
<input type="text"/>		<input type="text"/>	
Reason	* To better understand the situation and your request, please describe in detail the circumstances of the fall, the place, the affected body parts, etc.)		
	<input style="height: 100px;" type="text"/>		
Description	* Fall		
	<input type="radio"/> Fall: Nothing to report		
	<input type="radio"/> Fall: System triggered, airbag damaged		
	<input type="radio"/> Fall: System does not seem to have triggered		
No fall			
<input type="radio"/> Never crashed, nothing to report			
<input type="radio"/> Problem though normal use			

*** Required fields**

* Details	<input type="radio"/> Torn textile <input type="radio"/> Airbag trigger problem <input type="radio"/> Press button problem <input type="radio"/> Other (please describe) <input type="radio"/> Buckle <input type="radio"/> Adjusting straps
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In case of textile-related problems, tick the area and encircle the parts that are damaged or faulty.

*** Serial number of the model:** _____

* Model	<input type="radio"/> FRONT 
	<input type="radio"/> BACK 