



## **DOCUMENT FOR REPAIR**

(Please fill out the following gaps and put the document into the package)

Please find enclosed my HAIX® Boots,	
Article:	Size:
Issue:	
I want to know the estimated costs.	
My customer number (if available) :	
First name:	
Last name:	
Street:	
Zip-Code: City:	
State/Country:	
Phone: Fax:	
E-Mail:	
You can reach me:	
☐ per phone, between and (	o'clock
☐ per e-mail ☐ per fax ☐ per mail	
Date:	HAIX®-Schuhe
	<b>Produktions- und Vertriebs GmbH</b> Auhofstrasse 10 D-84048 Mainburg, Germany
Sign:	T. +49 (0) 87 51/86 25-0 F. +49 (0) 87 51/86 25-25

info@haix.de, www.haix.com