Van Cleef & Arpels

SERVICE REQUEST FORM

This form aims at gathering all the necessary information about your service request and must be carefully filled. Fields marked with * are mandatory.

For any question, we invite you to contact Van Cleef & Arpels Le Desk maison-jp@vancleefarpels.com

CONTACT DETAILS

Client reference* (to be filled by Van Cleef & Arpels)				Shipping Kit delivery address* Address		
Title*	Mr.	Mrs.	Ms.	City	Pos	stal Code
First name*				Country		
Last name*				Product delivery & billing address	Sa	ame as Shipping Kit
Email*				Address		
Country code*				City	Pos	stal Code
Phone number*				Country		
CREATION DETAILS						
Serial number* (engraved on the creation or written on the invoice or certificate)						
				Date of purchase (dd/mm/yyyy)	/	/
Product description (type, col	lection,)			Place of purchase		
				Creation under warranty	Yes	No
				Shipping Kit reference (to be filled by Van Cleef & Arpels)		
SERVICE REQUESTED						

Please detail your service request :

Any detail regarding the creation condition, a specific intervention or the required repair can be shared.

