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 Concierge Service: usa@clients.vancleefarpels.com

CONTACT DETAILS

			Shipping Kit delivery address*	
			Address	
Mr.	Mrs.	Ms.	City	ZIP Code
			State	Country
			Creation delivery address S	ame as Shipping Kit
			Address	
			City	ZIP Code
			State	Country
CREATION DETAILS				
reation or written	on the invoice or cer	tificate)	Date of purchase / (mm/dd/yyyy)	/
ection,)			Place of purchase	
			Creation under warranty Yes No	
	reation or written	reation or written on the invoice or cer	CREATION reation or written on the invoice or certificate)	Address Mr. Mrs. Ms. City State Creation delivery address Address City State CREATION DETAILS Treation or written on the invoice or certificate) Date of purchase (mm/dd/yyyy) Place of purchase

SERVICE REQUESTED

Please detail your service request :

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



