

# Application for warranty repair/replacement

**Please note that your application should go through the original place of purchase!**

Date :

Name :

Address :

Telephone number :

Email :

1. Purchase date:
2. Purchase place (URL/Company name):
3. Order number:
4. Product/model:

5. Estimated time (total hours) of use before problem occurred:
6. Average traction when used:

7. What happened:
8. What were you trying to do when the problem occurred?
9. Would you say the problem occurred during “normal use”?
10. What in your view would be a fair solution?

**Please attach a few pictures explaining the problem with this application!**

We may ask you to ship back the faulted unit for further inspection to evaluate the case, if the pictures don't tell the full story.

Thank you - and sorry for the inconvenience!

We will evaluate and respond to your application within 48 hours after we receive it.

**DanaMedic Aps & DanaLife ApS - Maglebjergvej 4- DK 2800 Lyngby – Denmark**

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**Timezone: +1 Europe-central, Scandinavia**

**Original inventors of the Penile Traction Method since 1995 - Multiple patents pending, Clinically tested, CE marked**

**(Internal handling – do not fill out)**

Dato:            Init.:            Varenr.:            Ship:            Pris:            Sendt:            Komm.: