

Application for warranty repair/replacement


J E S - E X T E N D E R™


MALE EDGE®
EXPLORE YOURSELF

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.

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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.: