

| Coordonnées client: | | |
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| SERVICE AF | PRES VENTE | |
| Date: | | |
| Numéro de dossier: | | |
| Article(s): | Numéro(s) référence(s) article(s): | Désignation(s): |
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| Action: | Remboursement: | |
| | Remplacement par: | |
| | Réparation par: | |
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| Remarques: | | |
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| | Date: | |
| | Nom du client: | |
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