**Claim form**

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| (Filled by the customer)**Company/Name and address of the buyer:****Company number:**(and VAT number)**Return address:** | **Contact person:****Telephone:** **GSM:****E-mail:****Notes:** |

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| **Claimed Goods:** **Date of order:**(Invoice date)**Invoice number:** |

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| **Detailed description of the defect: \*****Suggested method for resolving the claim:****Any overpayment send to the account (if you agree with bank transfer):***\*) Describe the defect as detailed as possible, where does it occur, on what goods. This will significantly help to the whole process of resolving your claim.* |
| 1. When applying the rights of liability for defects, it is necessary to attach a proof of purchase of the goods or an invoice, if issued, or another document proving the purchase of goods2. The buyer is obliged to pack the goods in a suitable package in order to avoid damage or destruction of the goods.**Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Signature of the buyer**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| (Filled by the seller)**Date of receipt of the claim:****The claim is being processed by:****Expression of the seller:** **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Signature of the seller**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |