**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 goods  2. 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**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |