

Claim form

(Filled by the customer)

Company/Name and address of the buyer:

Contact person:

Telephone:

GSM:

E-mail:

Notes:

Company number:

(and VAT number)

Return address:

Claimed Goods:

Date of order:

(Invoice date)

Invoice number:

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: _____