

Name and surname _____

Email _____ Phone number + _____

Street _____ City _____ ZIP code _____

Bank account _____ Bank code _____

Please provide the address where you wish to send the new product in case of an accepted claim. The new product will be sent by courier there.

ORDER DETAILS

Order or invoice number _____ Date of delivery _____

 claimed goods

1.	Product code		Size	
	Name of the product		Note	

Please complete a separate complaint form for each product.

DESCRIPTION OF THE DEFECT

To accept and start the claim process, please send us clean, unsoiled goods. If you fail to do so, we may not accept it. A copy of the proof of purchase is the essential part of the claim.

Date _____ Signature of the buyer _____