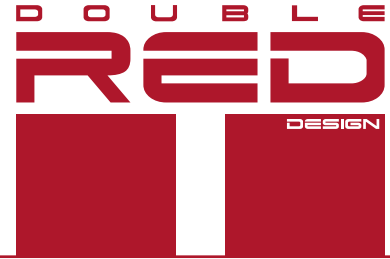


Complaint form

Please fill in the information below legibly



I hereby claim the following goods with the description of the defect.

Name and surname of the consumer:

Address of the consumer:

Phone / mobile:

E-mail:

Product Name	Product code	Size	Quantity	Reason for claim

Invoice / cash receipt number:

Order number:

Date of order:

Date of receipt of goods:

Suggested solution: Exchange Correction Sale price discount Refund

IBAN:

Account holder:

Returned goods, invoice and proof of payment are an integral part of the claim.

Signature of the consumer:

The date:

