

Return and Complaint Form

Customer Details:

Name and Surname / Company Name:

Address (Street, Number, ZIP, City):

Please provide your correspondence address for processing the complaint.

E-mail:

Please provide your contact e-mail.

Phone Number:

Please provide a phone number where we can contact you.

Product Details:

Product Name:

Please provide the exact product name according to the order or invoice.

Date of Purchase: ____ / ____ / _____

Please provide the date of contract conclusion or purchase.

Order / Invoice Number:

Please provide the order or invoice number based on which the product/service was purchased.

Description of the Identified Defect:

Describe the defect in as much detail as possible; state when and how it manifests.

Date of Defect Discovery: ___ / ___ / _____

Please provide the date when you first noticed the defect.

Requested Method of Complaint Settlement:

Please mark one of the options (X):

Repair

Replacement

Price Discount

Withdrawal from Contract

*Select the method you request in accordance with legal regulations and the nature of the defect. In case of **withdrawal from the contract** without giving a reason (within 14 days), it is not necessary to describe the product defect.*

Date and Signature:

In _____ on ___ / ___ / _____

Customer Signature:



