



**Please print, complete and return this form together with the goods claimed to the address on the website.**

Order number (identical to the invoice number):	
Name and surname of the buyer:	
Buyer's address:	
E-mail:	
Phone:	
Claimed goods:	
Required complaint resolution:	<input type="checkbox"/> Exchange of goods: (please provide a return address if different from the one given above)  <input type="checkbox"/> Refund: Bank: Account number: IBAN (in case of a bank outside the Czech): SWIFT (in case of a bank outside the Czech): <input type="checkbox"/> Other (specify):
Reason for complaint:	

Date:

Customer signature: