

Complaint date:	/
Date the error was dete	ected:///

Please fill in all items. The claimed product must be shipped in the unaltered state.

COMPLAINT FORM

CUSTOMER DATA Name and surname	INFORMATION ABOUT PRODUCT Order number
Current shipping address	Product name
Contact telephone number	Product ID
E-mail	Invoice number
ERROR / DAMAGE DESCRIPTION	
HOW IT HAPPENED during use other	
REQUIRED METHOD OF RESOLVIN	G A COMPLAINT
repair exchange for a new product cash	n refund other
Please send the product together with the completed complaint form Žilina. For security reasons, please send the package RECOMMENDE any within the complaints questions, please contact our customer su	D (with proof of shipment) or by courier service. If you have
COMPLAINT SOLUTION (to be filled in by 3a	amRecords s.r.o.)