

GARANTEE CLAIMS FORM

(to be filled in by the customer)

Company/ name and address of the buyer:

Contact person:

Phone:

Mobile:

E-mail:

Notes:

ORGANIZATION'S ID:

(TAX IDENTIFICATION NUMBER)

Return address for sending goods:

(If it is the same as above, do not fill it!)

Complained goods:

Purchase date:

(Invoice date)

Invoice number:

Detailed description of the defect:

Requested method of satisfaction of claim:

1. When exercising the rights from liability for defects, we recommend enclosing proof of purchase of goods or an invoice, if issued, or another document proving the purchase of goods.
2. When sending the goods, it is advisable to pack the goods in a suitable package so that it is not damaged.

Date: _____

Buyer's signature: _____

(to be completed by the seller)

Date of receipt of the complaint:

Claim processed by:

Seller's statement :

Date: _____

Seller's signature: _____