



Defective replacement form

Date	
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Customer's details

First name and Last name	
Address	
Order number	
Telephone number	
e-mail address	

Goods replaced

Product name	
Manufacturer	
Product type	
Date of Purchase	
Proof of purchase (receipt/VAT Invoice)	
Price	

Reason for replacement

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Replacement Order number	
I enclose the additional amount of ... (when replacing for more expensive Goods)	

Bank transfer details (when replacing for cheaper Goods)

First name and Last name	
Address	
Bank account number	

The Customer shall attach the proof of purchase. The Seller shall respond to the complaint within 14 Working Days from the date of receiving the Customer's statement. Further information on the replacement can be obtained by calling the following telephone number: +48 (22) 616 06 05

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I have read the Terms and Conditions.
Signature of the Purchaser