

WITHDRAWAL FROM THE CONTRACT

Buyer:

Name:
Address:
Company and TIN (Tax Identification No.):
Telephone:
E-mail:

Order No. (if available): **Date of sale:**

Denomination of the goods:

Product name:

Particular reason for returning the goods:

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Remark: Following documents need to be attached to the Warranty Claim Form: proof of purchase (invoice, receipt). Please send the defective product to:

Eva Illésová, Radvánovice 89, 511 01 Turnov

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Date and signature of the buyer

----- (to be filled out by seller) -----

Date and place of filing the return: