**WARRANTY CLAIM REPORT**

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| **(filled in by the buyer)**  **Buyer´s name and address:**  **Corporate ID No:** (and VAT ID)  **Return address for sending the goods:**  (Do not fill if it is identical with the address mentioned above!) | **Contact person:**  **Phone number/fax number:**  **Cell phone number:**  **E-mail address:**  **Notes:** |

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| **Claimed goods:**  **Date of purchase:** (Invoice date)  **Invoice No:** |

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| **Detailed description of the defect: \***  **Proposed method of claim settlement:** |
| 1. We advise you to attach a receipt or invoice if fit has been issued, or other document evidencing the purchase of the goods.  2. When sending the goods, wrap it in the suitable packaging to avoid damage or destruction.  **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **(filled in by the seller)**  **Date of assertion of the claim:**  **The claim is settled by:**  **Statement of the seller:**  **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |