



CLAIM FORM

(for the notification of a defect covered by a quality guarantee and/or for asserting the right arising from a defective performance)

Seller:

SPA4BIZ s.r.o.

Company ID: 28961277

Baarova 802/43, Michle, 140 00

Prague 4,

Czech Republic

Customer:

First name and surname:

Address:

Phone number (*optional*):

Email address (*optional*):

Claim

Product Name:

Quantity:

Order No.:

Date of Delivery:

Description of Defect

- What happened:

- When it happened:

- How it happened:

- Requested solution:

Date:

Customer's Signature:

Annex: - a proof of purchase