

CLAIM NOTICE

	DATE OF APPLICATION	N:
	51.12 61.14 1. 2.61.116	
BUYER		
First and last name:		Tel. / fax:
Company name:		E-mail:
Identification number:		
Street, house number:		
Zipcode, City:		
		-

Product	Pcs	Serial number *	Invoice number	Fault description

*The serial number is on the side of the product panel. If the product doesn't include the serial number, do not fill it in the form.

Please attach this Claim notice to the returned goods and send to the address: Retaillogic, s.r.o., Kojetinska 3881/84, 767 01

Kromeriz, Czech republic