

# B E D R A

V I N T A G E

## COMPLAINT FORM

Order number:

Date packet received:

Date complaint form submitted:

First name and surname : .....

E-mail address: .....

Phone number : .....

RETURNED ITEM NAME:	SIZE:	QUANTITY:	CODE:	COMMENT:

### COMPLAINT CODE:

COMPLAINT			
CODE	DESCRIPTION	CODE	DESCRIPTION
1	broken zip	4	faulty fabric
2	stains or discolouring	5	problem with stitches
3	rip	6	other – specify

### CONTACT

edra.vintage.help@gmail.com

You can find more information regarding returns on our website: [www.bedravintage.com](http://www.bedravintage.com)

I confirm that I have read and accept Return Policy as stated in Terms of Use / Regulations of the e-shop:

.....

( legible signature of the client )

You need to sign the form with your full name and signature. You can send it to us by an email.