



CLAIM REQUEST FORM - only within 14 days of date od receipt*

*return payment amount will be reduced for postage (shipping) costs

Send package to :

PolonaPolona d.o.o. Kopraska 94, 1000 Ljubljana, Slovenia- EU

List of returning products :

Place & date : _____ Signature : _____

Order details :

Date of invoice : _____

Invoice number _____

Order number : _____

Order date : _____

Customer details :

Name and surname : _____

Adress : _____

Paid with credit card via PayPal : _____

Paid with bank transfer :

Bank adress: _____

Account number : _____

IBAN : _____

BIC : _____

PolonaPolona d.o.o., Na Trati 11, 1000 Ljubljana, SLO ; VAT # : SI 17225400, sales@polonapolona.com

Warehouse & studio: PolonaPolona d.o.o., Kopraska 94, 1000 Ljubljana, SLO ; tel:+386 64 178 110