

VANDA NOVAK

WARRANTY CLAIM

Please fill out the Warranty Claim Form, and place it in a box with the Product.

NAME AND SURNAME _____

ORDER NUMBER _____

RECEIPT / INVOICE NUMBER _____

ADDRESS _____

PHONE NUMBER _____

E-MAIL _____

COMPLAINT GOODS (MODEL AND SIZE) _____

REASON _____

PLEASE ADD THIS FILLED FORM TO THE PACKAGE WITH COMPLAINED GOODS AND SEND TO THE ADDRESS BELOW:

COMPLAINTS VANDA NOVAK,
UL. RAKOWICKA 11, 31-511 KRAKÓW
SHOP@VANDANOVAK.COM

DATE & SIGNATURE