

ANTORINI

INTERNATIONAL WARRANTY CLAIM FORM

If you are having an issue with an ANTORINI product that is within the warranty period please fill out the below form so we can begin to deal with your claim.

Customer Details

First Name	
Last Name	
Address <i>Street Address or P.O. Box</i>	
<i>Company, C/O, Apt., Suite, Unit, Building, Floor</i>	
City	
State	
Zip	
<i>Please provide your phone number and/or email so we can contact you if necessary.</i>	
Email	
Phone Number	

ITEM	
SKU / STYLE CODE	
Order Number or Invoice Number	
Date of Purchase	
Short description of the damage	
Please describe where/how the damage occurred	
What solution do you require?	

Description of the defect:

SIGNED..... **DATE:**.....

Send the package to our business address:

LUSSOLIBE Milano SE, ANTORINI, Na Parkanech 394/6, 390 01 Tabor, Czech Republic