

COMPLAINT FORM

Customer data:

Name and surname:

Current delivery address:

Phone number and e-mail:

Information about the product:

Purchase date:

Product name/product code:

Order/invoice number:

Complaint reason description:

Specify the defect of the product in as much detail as possible. This will significantly simplify and shorten the entire complaint process. The complaint will be evaluated within 30 days from the submission date. We will inform you about the results by e-mail.

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Proposed solution:

Send the claimed products to the address:

Intersmart s.r.o., Nekvasilova 692/27, Prague 186 00, Czech Republic.

Pack the sent products in a suitable package so that they are not damaged or destroyed. It is necessary to enclose an invoice (or a copy of the invoice). Check one of the following options.

- 1) removing of the defect – repair,
- 2) replacement of products within 30 days,
 - In case of replacement, state which new products you wish.
- 3) contract withdrawal within the statutory period of 14 working days.
 - In case of refund, the products must be in the original packaging, undamaged, unused!

I agree with refund to my bank account below.

Account number:

Refund is only possible by bank transfer. Please fill in the account number and check off agreement with the refund. For international transfer please state the account number in IBAN format (including SR).

Date and customer signature

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