 Addressee: **IPICASSO** Spółka z ograniczoną odpowiedzialnością

ul. Kineskopowa 1B lok.127, 05-500 Piaseczno, Polska

NIP: 1231355620 KRS: 0000680650 REGON: 367426105

Tel.: +48 733 782 620

**CLAIM FORM**for the goods purchased from the [www.ipicasso.co.uk](http://www.ipicasso.co.uk) online store:

|  |
| --- |
|  |
| **Date (DD-MM-YYYY)** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1.ORDER DATA:** | | | | | | | | | | | | | | | |
| No. | | | |  | Order date: | | |  | | | Order receipt date: | |  | | |
| (order of VAT invoice): | | | |
| **2.BUYER’S DATA:** | | | | | | | | | | | | | | | |  | |  |
| Name: | | | |  | Surname: | | |  | | | | | | | |  | |  |
| Telephone No.: | | | |  | E-mail: | | |  | | | | | | | |  | |  |
|  | | | |  |  | | |  | | |  | |  | | |
| Street: | |  | | | Building No.: | | |  | | | Apartment No.: | |  | | |
| Postcode: | |  | | | Place: | | |  | | | | | | | |
| **3.BANK ACCOUNT:** | | | | | | | | | | | | | |
| Number of the banking account to refund money for the goods: | | | | | | | | | | | | | |
| Account No.: | |  | | | | | Bank: | | |  | | | | | | |
| Account owner: | | |  | | | | | | | | | | | | | |
| **4.** **GOODS FAULT (DEFECT) DESCRIPTION:** | | | | | | | | | | | | |
| **Description (according to the invoice), code** | | | | | | **Price** | **Qty** | | | **Reason for claim (complaint)** | | | | | | | |
|  | | | | | |  |  | | |  | | | | | | | |
|  | | | | | |  |  | | |  | | | | | | | |
|  | | | | | |  |  | | |  | | | | | | | |
| **5. BUYER’S DEMANDS:**  Please mark (X) your demand in the left side of the table: | | | | | | | | | | | | | | | |
|  | | Return the goods and refund money paid for it | | | | | | | | | | | | | |
|  | | Replace the goods with identical ones, free of damages and defects | | | | | | | | | | | | | |
|  | | Repair (restore) | | | | | | | | | | | | | |
|  | | Reduce the price (specify the price reduction amount): | | | | | | | | | | | | | |
|  | | Others (describe): | | | | | | | | | | | | | |

|  |
| --- |
|  |
| **Date and Buyer’s signature\*** |

I have read and understood the claim preparation and submission conditions **\*** only if the form is filled on paper

**Pay attention:**

1. If you have the defect (damage) report prepared at the time of delivery of goods, with the procedure attended by the courier and the report signed by him/her, please enclose it with this application.
2. With this application, enclose the document confirming the cost of sending the goods back (the goods delivery). If the claim is recognized as reasonable, the Seller will compensate the postage expenses for the Buyer.

**Enclose the documents confirming the purchase (such as an invoice or fiscal cheque) with this application!**

**Please fill the claim form clearly and fully, sign it and send with the goods to the Seller’s address specified in the application header.**