

C L A I M

F O R M

B U Y E R :

Name: _____

Surname: _____

Street and number: _____

Postal code and city: _____

State: _____

Phone: _____

E-mail: _____

* ID number: _____

* VAT number: _____

S E L L E R :

swimpatisserie s.r.o.

Slovinec 5186/26

84107 Bratislava

Slovak republic

+421 904 016 394

+421 915 605 828

info@swimpatisserie.com

IČO: 52984095

DIČ: 2121220332

Is not a VAT payer

Order number: _____

Invoice number: _____

Reason for claim, description of defect:

In: _____ day: _____

Signature: _____

* Please, indicate only in case of purchase for the company.