



FORM FOR EXCHANGE OR RETURN OF GOODS

Order number:

Order date:

Choose what you wish to do:

- ☐ I wish to exchange the goods for another one (please specify which):
- ☐ I wish to return the goods, please send the money to my account number:

Contact details:

First name and last name:

e-mail:

Address:

Phone:

COMPLAINT FORM

Order number:

Order date:

Contact details:

First name and last name:

e-mail:

Address:

Phone:

Brief description of the issue:

Filled in by the seller:

Date of complaint resolution:

Method of complaint resolution: