

CLAIM FORM

ORDER NO. PRODUCT CODE:

.....
CUSTOMER NAME AND SURNAME OR COMPANY NAME

CUSTOMER ADDRESS

CITY POSTAL CODE:

STREET: NUMBER:

CUSTOMER E-MAIL

.....
CUSTOMER TELEPHONE NUMBER

.....
BANK NAME

BANK ACCOUNT NUMBER

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Description of the reason for the claim and date of discovery of the defect (filled in by the Customer)

Requested course of action (filled in by the Customer)

free repair

refund

REMEMBER TO ENCLOSE THE RECEIPT WITH THE CLAIM FORM

General conditions regarding claim submission and processing:

1. The claim should be made in writing (a correctly filled in claim form), and sent with the product and the proof of purchase to the company's registered office.
2. The Seller will review the claim within 14 days from its submission and inform the Buyer about the claim decision.

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CUSTOMER SIGNATURE AND DATE OF SIGNATURE

Note!

We do not accept COD parcels sent under the claim procedure. Refund is available only via bank transfer.

More information: distance.pl

phone: +48 509 009 008 email: sklep@distance.pl

Claims submission address:

Distance S.A. ul. Stanisława Zwierzchowskiego 31 A, 61-248 Poznań, Poland