



CLAIM FORM

CUSTOMER DETAILS:

Name:
Address:
Phone:
E-mail:

CLAIM DETAILS:

Supplier: Internet Mall a.s., U garáží 1611/1, 170 00 Prague 7, Czech Republic
Order number:
Claimed item:
Serial number:

Description of defect:

.....
.....
.....

Content of the package:

.....
.....

Preferred solution: repair ☐ replacement ☐ refund ☐

IBAN (in case of a refund):

.....
Date and signature of the customer

Internet Mall, a.s.

Gen, U garáží 1611/1, Praha 7, 170 00
recepce: +420 234 703 297
info@mall.cz
