



## Complaint goods:

Order number:.....

Full name: .....

### Required service:

- Product return
- Product replacement

### Description of the problem, replacement request:

.....

.....

.....

.....

### Address for sending the claimed goods:

- Same as in the order
- Other address \*

*\* in case of another address it is necessary to add phone and e-mail, without this information is not possible hand over the consignment to the carrier*

.....

.....

### Account number to remit payment when returning the product:

..... / .....

In ..... Day ..... Signature .....

**Cut the section below and stick it on the envelope:**

Sender:

.....

.....

.....

.....



stefacha.cz  
 Dělnická 769/64  
 Prostřední Suchá  
 735 64 Havířov