

**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:**

.....

.....

.....

.....

CRYSTALSHOP 

crystalshop.cz

Dělnická 769/64

Prostřední Suchá

735 64 Havířov