

GOODS COMPLAINT FORM

BENNON

CUSTOMER

FULL NAME:

DELIVERY ADDRESS
(IN CASE OF REPAIR OR PRODUCT
REPLACEMENT):

PHONE:

E-MAIL:

IBAN:

PRODUCT INFORMATION

DATE OF PURCHASE:

PRODUCT NAME:

PRODUCT PRICE:

ORDER NUMBER:

INVOICE NUMBER:

DATE DEFECT WAS FOUND:

DESCRIPTION OF DEFECT:

PROPOSED SOLUTION

☐ DEFECT REMOVAL
(REPAIR)

☐ REFUND TO BANK ACCOUNT
(WITHDRAWAL FROM CONTRACT)

☐ PRODUCT REPLACEMENT

SEND THE PRODUCT WITH THE FORM TO THE FOLLOWING ADDRESS

BENNON Group a. s.
Areál Svit, 103. budova
třída Tomáše Bati 5658
760 01 Zlín
Czech Republic

BENNON Group a. s.
Šedesátá 7015
760 01 Zlín
Czech Republic
IČ: 283 22 908
DIČ: CZ 283 22 908

COMPLAINT CONDITIONS

GOODS SENT CASH ON
DELIVERY WILL NOT BE
ACCEPTED.

THE GOODS MUST BE DRY AND
PROPERLY CLEANED.

PLEASE REMEMBER TO FILL IN
ALL INFORMATION, INCLUDING
THE INVOICE NUMBER.

THE RESULT OF THE
COMPLAINT WILL BE
COMMUNICATED TO YOU NO
LATER THAN 30 DAYS AFTER
ITS RECEIPT.

DATE:

SIGNATURE:

SIGNATURE OF RECEIVER:

