CLAIM FORM

Seller: *BS ACOUSTIC s.r.o., Hlavná 145, 908 63 Radošovce, IČO: 36237809, DIČ: SK2021527519*
e-mail: servis@bsacoustic.sk | phone: +421 34 6604501 | www.bsacoustic.com

Buyer information

Name and surname	
Address	
Phone number	
E-mail	
*IBAN**	

**In case the product cannot be repaired, please provide the bank account number to which you wish to have the funds refunded*

If you purchased goods for a business, please provide the following information

Business name	
Address	
Company ID	

The address to which you want the repaired goods delivered

*Type of purchase**

Select the method by which you purchased the goods

E-shop	
Physically in the Radošovce store	
Other	

**Select one of the options listed*

Order details

Provide details of your purchase

Purchase date (day.month.year)	
Invoice or receipt number	
Order number	

Product

Product name	
Product brand	
Production number	
Accessories	
Product status	

Description of the defect

I declare that I have read the ***Personal Data Processing Policy and the Complaints Procedure***

Date: _____ *Signature:* _____