

# WARRANTY CLAIM / RETURN FOR REPAIR

## **Customer:**

**Full Name:**

**Address:**

**Phone Number:**

**E-mail:**

## **Seller:**

Shopen Group s.r.o., Purkyňova 3050/99a, 612 00 Brno, Czech Republic, Company ID (IČ):  
29365252

### **Address for claim returns:**

Bagalio - Shopen Group s.r.o.

Křenová 210/64

602 00 Brno

Czech Republic

## **Product under claim:**

**Product Name:**

**Invoice Number/Order Number:**

**Description of the defect:**

**Preferred resolution:** repair/replacement/exchange for another product/refund

**Return shipping address:**

**Account Number:**

Place ..... Date .....

Customer's Signature: .....