


CLAIM DOCUMENT		Number:
SUPPLIER: OBRETA spol. s r.o. Malická 434/15 323 00 PLZEŇ		Customer: Contact person: Contact:
		
DOCUMENT OF THE CLAIMED GOODS:		
Number (invoice / delivery note)*:		Date:
CLAIMED GOODS:	QUANTITY:	
REASON OF CLAIM / DESCRIPTION OF FAILURE:		
PHOTOS ARE INCLUDED: YES / NO*		
SAMPLE OF CLAIMED GOODS WAS SENT: YES / NO*		
REQUESTED SOLUTION OF CLAIM:*		Date:
a) goods replacement b) refund c) other solution (please specify):		
		Customer's sign and stamp:
<i>*Delete as appropriate</i> FILLED CLAIM DOCUMENT SEND TO ADDRESS: <p style="text-align: center;"> <u>Claim department</u> OBRETA spol. s r.o. Tojice 14 NEPOMUK 33501 Czech Republic </p> OR SEND TO EMAIL: <p style="text-align: center;">kontrola@obreta.cz</p> <p style="text-align: center;"><i>Claim department - phone number: 00420 603 186 169, mobile phone number: 00420 603 839 565</i></p>		