

Claims form

Buyer:

Name and surname: _____

Address: _____

Phone: _____

Email: _____

Claimed goods**Order number****Product name****Size****Color**

Claimed defect description:

Purchase date (invoice issue date): _____

Invoice No: _____

Claim date: _____

Date: _____

Signature: _____

To be filled in by PROGRESS sportswear**Seller's statement:**

Date: _____

Seller's signature: _____

Shipping address:

PROGRESS sportswear, s.r.o.

Pražská 326/53 - budova skladu, 397 01 Písek

PROGRESS
S P O R T S W E A R