

Defect notification form

www.cabshop.eu online store

Address for communication: CAB Media s.r.o., Mäsiarska 17, Levoča 054 01, Slovak Republic

Customer

First and last name:

Address

Phone number/email address:

Goods/services subject to complaint

Purchase receipt number or warranty certificate number:

Name:

Date of purchase:

Accessories:

Description of defects:

I request that my complaint be handled in the following manner (please check the appropriate box):

Replacement of goods Repair of goods

If the complaint is handled by a refund and you wish to have the money sent to your bank account, please provide the account number:

In on:

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Customer's signature