

GOODS COMPLAINT FORM

BENNON

CUSTOMER

FULL NAME:

DELIVERY ADDRESS
(IN CASE OF REPAIR OR PRODUCT
REPLACEMENT):

PHONE:

E-MAIL:

IBAN:

PRODUCT INFORMATION

DATE OF PURCHASE:

PRODUCT NAME:

PRODUCT PRICE:

ORDER NUMBER:

INVOICE NUMBER:

DATE DEFECT WAS FOUND:

DESCRIPTION OF DEFECT:

PROPOSED SOLUTION

DEFECT REMOVAL
(REPAIR)

REFUND TO BANK ACCOUNT
(WITHDRAWAL FROM CONTRACT)

BENNON Group a. s.

Šedesátá 7015

760 01 Zlín

Czech Republic

IČ: 283 22 908

DIČ: CZ 283 22 908

COMPLAINT CONDITIONS

GOODS SENT CASH ON
DELIVERY WILL NOT BE
ACCEPTED.

THE GOODS MUST BE DRY AND
PROPERLY CLEANED.

PLEASE REMEMBER TO FILL IN
ALL INFORMATION, INCLUDING
THE INVOICE NUMBER.

THE RESULT OF THE
COMPLAINT WILL BE
COMMUNICATED TO YOU NO
LATER THAN 30 DAYS AFTER
ITS RECEIPT.

DATE:

SIGNATURE:

SIGNATURE OF RECEIVER:

SEND THE PRODUCT WITH THE FORM TO THE FOLLOWING ADDRESS



BENNON Group a. s.

Areál Svit, 103. budova

třída Tomáše Bati 5658

760 01 Zlín

Czech Republic