

Goods claim form

Invoice number: Order number:

Name and surname:

Address:

Phone number:

Email:

1) Claimed goods

Name of the goods:
Fault description:

2) Proposed method of complaint

- a) Repair of goods
- b) Goods replacement
- c) Refund to bank account:/.....
When returning money to a foreign account, please indicate the account holder, IBAN and SWIFT CODE.
.....
- d) Other (describe):

Send the goods to the address

Bystron – Integrace s.r.o.
Podlesí 506, 757 01 Valašské Meziříčí, CZ

Additional information

The whole claim procedure must be handled without due delay within a 30-day period from the day of filing the claim.

Terms of return

Any notification on the defects of the goods must be made in writing and enclosed with the claimed goods. The Purchaser is then obligated to hand the goods over to the Seller. The goods must be complete, clean and with complete documentation. Should the Purchaser fail to do so, the Seller has the right to refuse to accept the claim. It is necessary to state all detected defects, i.e., the type of defects, their appearance and the way they are demonstrated and the suggested method of settlement of the claim (Purchaser's preferred method). The claim must be complemented with all the necessary documentation issued by the Seller to the Purchaser. The claim may be performed in person at the registered office of the Seller or via postal service.

Date:

Signature: