



CLAIM FORM

(Please complete this form and send it back only if you want to claim the goods at the lawful time. The form must be printed, signed and sent scanned to the e-mail address below, or inserted in the returned goods).

Seller

E-shop: www.aquacup.cz
Company: AQUACUP s.r.o.
Delivery address: Kollárova 969, 698 01 Veselí nad Moravou
ID/VAT: 26217597, CZ 26217597
E-mail address: aquacup@aquacup.cz
Phone number: + 420 572 591 800

Claimant

Name and surname:

Address:

Phone number:

E-mail:

Bank account number:

Claimed goods:

Order date:

Order variable symbol:

Invoice number:

Claim reason:

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Place: Date:

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Signature

Annex
Commercial Invoice of ordered goods

