

**Complaint Form** 

Invoice number	
Name and surname	
Company name	
Street address	
ZIP code	
City/town	
Country	
Telephone	
E-mail	

## Claimed goods (quantity and description)

Reason for complaint

Place and date Signature

> Please send the claimed goods together with the completed form to the shop address: Praguekabinet, Platnéřská 13, 110 00 Prague 1, Czech Republic, www.praguekabinet.com