COMPLAINT FORM

Customer Details:		
Customer name/compa	ny name:	
Address:		
Phone:		
E-mail:		
Order number:		
Return address:		
MAX4BODY s.r.o., Lipov		
e-mail: e-shop@max4bo	ody.com	
Product:		
Purchase on:		
Invoice No.:		
IBAN:		
Reason for complaint:		
Filled out the complaint form:		Signature:
(To be completed by the seller)		
Date of receipt of the complaint: Complaint		Complaint accepted:
_	•	
The date of handling the	e claim: The ame	ended complaint was accepted:
Please send all details of MAX4BODY s.r.o. Lipová 1, 080 01 Prešov,	f the complaint to the Seller's ac	ddress::

Application of the complaint

The complaint procedure can only start after the delivery of the complaint form and the goods. Please send the goods by registered mail to the address of the establishment - not COD! **A copy of the invoice** must be enclosed with the shipment..

The complaint must be accompanied by a precise description of the defect or the reason for the complaint. Complaints sent COD will not be accepted! Complained goods/services sent without a complaint form or with an incomplete complaint form will be returned at the customer's expense.