

WARRANTY-PERIOD RETURN FORM

First and last name: _____

Address: _____

Phone number: _____

E-mail: _____

Invoice number: _____ Date of receiving the item: _____

In accordance with the contract of sale signed with the SLOVFLOW Ltd company, I am returning the following item in its warranty period:

NAME OF ITEM	BRAND	SIZE	QUANTITY	PRICE

REASON FOR WARRANTY-PERIOD RETURN			
PLACE OF THE DAMAGE	<input type="checkbox"/> front side	<input type="checkbox"/> interior part	<input type="checkbox"/> right shoe
	<input type="checkbox"/> back side	<input type="checkbox"/> exterior part	<input type="checkbox"/> left shoe

PREFERENCES

- I prefer having this item exchanged for a new one.
- I prefer having this item repaired.
- I prefer receiving a refund to my bank account (IBAN): _____

Date: _____

Signature: _____

ASSESSMENT (filled in by SLOVFLOW)	
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