

Complaint form

RMA number (*vendor to fill in*)

Vendor: ARMED STORE s.r.o., Kolbenova 882/5A, 19000, Prague 9

Claimant:

Fill in block letters

Name and surname:

Contact address:

Phone number:

E-mail:

Product data:

Fill in block letters

Document number:

(invoice, receipt, order no.)

Date of sale:

Product Name:

Serial number:

Description of the problem:

If the fault occurred during
use of the product, describe how.
This can significantly speed up
your complaint:

Accessories:

Always hand over the goods
complete, including accessories
(packaging is not an accessory).

Notice:

Always submit the goods to the complaint cleaned and hygienically safe (shoes, clothing and others). The buyer consumer is entitled to exercise the right from the defect that occurs in the goods within 24 months of receipt. Responsibility for quality can be characterized as an obligation of the seller that the item will be for a certain period of time fit for normal use. It does not cover defects due to wear or misuse.

Required method of settlement:

Repair

☐

Discount

☐

Exchange

☐

Refund

(IBAN + BIC code)

Date and signature of the complainant:

Stamp, date and signature of the seller:

Taken over: (store / warehouse)