

# Claim form

**Customer:**

Name and surname /  
Business name:

Street and number:

City:

ZIP code:

Phone number:

E-mail:

Reg.nr.:

TAX ID:

**Seller:**

Business name: MasterHair, s.r.o.

Street and number: Lermontovova 911/3

City: Bratislava

ZIP code: 811 05

Phone number: +421 919 487 370

E-mail: info@masterhair.eu

Reg.nr.: 52983951

TAX ID: 2121216075

I hereby advertise the goods purchased from you, which I list below with a description of the defects.

Invoice number:

Order number:

Order date:

Designation of returned goods (name and number of goods specified in the order):

Defect description, subject of complaint:

I request that my complaint be handled as follows:

Attachments:

- Defective goods
- Copy of proof of purchase
- Other

Place, date

.....

Consumer signature: