**Claim report**

Contact person for claims: **Kateřina Češpivová,** tel.: +420 724 952 028,katerina.cespivova@fv-plast.cz

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**1. Who applies claim:**

|  |  |
| --- | --- |
| Name and address of company |  |
| Contact person |  | Telephone:  |

**2. Description of the defect:**

|  |  |  |  |
| --- | --- | --- | --- |
| Product Name | Catalogue number | Description of the defect | Quantity |
|  |  |  |  |
| **Comments:** |

**3. Other information:**

|  |  |
| --- | --- |
| Date of sale |  |
| Invoice number |  |

**4. Is there any damage that will continue to be applied?** YES / NO

**5. Description of the damage:**

**Enclosure:**

**In ………………… date……….** …………………………………………….

 Stamp / Signature