



ZUZANA SZABOVÁ

COMPLAIN FORM

Invoice number:.....

Name of goods:.....

Name and Surname:.....

Phone:.....

E-mail:.....

IBAN:.....

Description:

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Please send it to the following address:

Zuzana Szabová
Maurerova 2
040 22 Košice
Slovakia

REMEMBER TO ATTACH A COPY OF THE PROOF OF PURCHASE.

Date:.....

Signature:.....

