SHOES INDUSTRIES

CLAIM

Buyer:

Name, Surname: _____
Address: _____
Mobil: _____
Email: _____

Please send us your CLAIM goods to our address below:

MMT Slovakia s.r.o, Michalská 6, 81103 Bratislava, Slovakia

Product : _____
Product code: _____
Size: _____
Order nr.: _____
Order date: _____
IBAN: _____

Defect description:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

City: _____ **Date: _____** **Signature: _____**

_____
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