

# SHOES INDUSTRIES

## CLAIM

Buyer:

Name, Surname: \_\_\_\_\_

Address: \_\_\_\_\_

Mobil: \_\_\_\_\_

Email: \_\_\_\_\_

Please send us your CLAIM goods to our address below:

**SHOES INDUSTRIES s.r.o, Michalská 6, 81103 Bratislava, Slovakia**

Product : \_\_\_\_\_

Product code: \_\_\_\_\_

Size: \_\_\_\_\_

Order nr.: \_\_\_\_\_

Order date: \_\_\_\_\_

IBAN: \_\_\_\_\_

**Defect description:**

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City: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_

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