ALLSTAR

Product defect claim

Customer claim form

SELUPA CORP. s.r.o., Company ID 19406657
K Moravině 1871/7, Libeň, 190 00 Praha 9, Czech Republic
Registered with the Municipal Court in Prague, Section C, File 454886

Customer details

Full name:

Address:

Email:

Phone:

Product and defect details

Order / receipt number:

Product name and size / variant:

Date of purchase:

Date the product was received:

Date the defect was discovered:

Describe the defect and the circumstances in which it occurs:

Package contents / accessories enclosed:

Requested remedy

☐ Repair ☐ Replacement with a new item ☐ Appropriate price reduction
☐ Withdrawal from the contract and refund of the purchase price

For accepted claims, our preferred solutions are replacement with a new item or a refund. We will agree on a solution with you based on the nature of the defect and product availability. This preference does not affect your statutory rights in relation to defective goods.

Date completed:

Buyer’s signature:

If completing this form on a computer, you may type your full name in the signature field.

Please always enclose the completed form with the product you are claiming for so that we can identify and process your claim easily. Not enclosing this form does not affect your right to make a claim. Proof of purchase may be provided by means other than an invoice; the original packaging is not required for us to accept your claim.