

## Claim form

The product should be returned to the address below:

**Biuro Techniczne Tadeusz Kwaśny**  
**43-384 Jaworze, ul. Ukryta 293**

Phone: + 48 33 817 24 80; fax +48 33 8194899  
mobile phone +48 609 325 748; e-mail: info@kwasnycarvings.com

### Information about the client:

Name and surname / Company \_\_\_\_\_

Contact telephone number, e-mail \_\_\_\_\_

Date of claim / return\* \_\_\_\_\_

Invoice number \_\_\_\_\_

Bank account number to which the money will be refunded.

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(Bank account number must consist of 26 digits)

### Information concerning replacement:\*\*

1. Repair
2. Replacement for a product in perfect condition
3. Refund
4. Other (please describe the problem)

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\_\_\_\_\_  
Date and signature of the Client

\* Delete if not applicable

\*\* Select one option