

Making a claim (claim form)

buyer
Name and surname:
Address:
Phone:
E-mail:
Seller
First and last name or company name: Praha Music Center s.r.o.
Adress: Ocelářská 937/39, Praha 9, 190 00
Important - send the claimed goods to the address: Rakovnická 2665, Louny, 440 01
Company ID number: 18626459
Company VAT number: CZ 18626459
Claimed goods
Marking of goods (name, ID):
Date of sale:
Purchase document number:
Defect description



Contents o	f the delivery package:
Preferred n	nethod of processing a claim:
□repair	□exchange
	t that the goods cannot be repaired or replaced, please preferred method of handling the claim:
□discount	\square withdrawal from the contract
Terms and Co legal deadline previous sent	omplaint to be settled no later than the deadline specified in the Business nditions, on the condition that this the deadline is shorter or equal to the e. In the event that the deadline for settling the complaint according to the ence is not specified in the Business Terms and Conditions, then I expect to be processed within the statutory period of 30 calendar days at the
claim, indicat with the selec	me, I ask you to issue a written confirmation of the application of the ing when I applied the right, what is the content of the complaint together ted claim, and then about issuing a confirmation of the date and method complaint, including its duration.
Claim appl	ication date:
Buyer's sig	nature: