Warranty Claim Form

	Order number:	••••••	•••••
The	product bein	g claimed	for warranty:
Product n			Size:
			
Full c	description o	f the produ	ct's defect
••••••		• • • • • • • • • • • • • • • • • • • •	
	Your cor	tact detail	s:
Full name:	:		
Phone number:			
E-mail:	:		•••••••••••••••••••••••••••••••••••••••
After receiving t	the product, we w	ill inform you al	oout the next steps.
Our prior	ity is to repair pro	oduct as quickly	as possible.
Pleas	se send the g	goods to th	is address:
	Abraka, Sout Štefánikova u 921 01 Piešťa info@abrakas	ulica 15A, Slovaki ny	a :
	0940 600 102	2	
Date:			Signature: