**GOODS COMPLAINT FORM**

……………………………………………………………………………………………………………………………………………....

**COMPLAINT** - In case of a complaint, please send the goods along with this form stating the reasons for the complaint. If your complaint is only about the incomplete number of goods, just send this form. We will deal with the matter immediately.

**OUR ADDRESS**

Bc. Radek Novotný, Novosady 34, 594 01 Velké Meziříčí, Business ID No: 74641671, Tax ID No: CZ8412274255.

Telephone: +420 608 122 299, E-mail: info@arp-racingparts.com

Website: [www.arp-racingparts.com](https://www.arp-racingparts.com/)

**COMPLETE THIS SECTION IN EACH CASE**

NAME AND SURNAME:……………………………………………………………………………..

BUSINESS ID NO:…………………………………………………………

TELEPHONE:………………………………………… EMAIL: ………………………………………………………………..

ADDRESS:…………………………………………………………………………………………………………………………….

ORIGINAL ORDER NUMBER:………………………………………………………………………………………………..

DATE OF GOODS RECEIPT: ...................................................................................................

RETURNED GOODS:………………………………………………………………………………………………………………..

REASONS FOR THE COMPLAINT, DEFECT DESCRIPTION: ............................................................................................

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COMPLAINT CLAIM: .................................................................................................................

**COMPLETE THIS ADDITIONAL SECTION IN CASE OF A REQUEST FOR REFUND**

BANK ACCOUNT NUMBER:………………………………………………………… BANK CODE:…………………….

COMMENTS:

**Date:**……………………………………………

 **Signature:**……………………………………………