

Exchange protocol for another item (up to 30 days)

Protocol number (do not fill) : _____

.customer

Name and surname : _____

Company : _____

Phone : _____

E-mail : _____

.i want to exchange this product

Product name : _____

Date of purchase : _____

Visual condition of goods : _____

Product ID : _____

Order number : _____

Invoice number : _____

Reason for exchange : _____

.replace the product for this one

Product name : _____

Account number in IBAN format
in case of overpayment : _____

Place and date of the
exchange protocol :

Employee name, signa-
ture and stamp:
