

WARRANTY CLAIM FORM

IMPORTANT !

The claimed goods should be sent to the Seller's address:

Stalflex Sp. z o.o.

ul. Piaskowa 134A

97-200 Tomaszów Mazowiecki, Poland

Please attach a copy of the invoice to the claimed goods.

The package must be clearly marked (CLAIM) and include this form.

Date and place:.....

EAN or SYMBOL or description of the claimed product:

Invoice Number:

CLAIMANT'S DETAILS

First Name and Last Name: Company:

Username: TIN:

Contact Phone:

Email Address:

Return Address after claim approval:

CLAIM NOTIFICATION

Check all applicable options:

- ☐ Product/Service not as described or ordered
- ☐ Technical defect/failure (operational issues)
- ☐ Mechanical damage (e.g., during transport)
- ☐ Incomplete shipment (missing parts/accessories)
- ☐ Other reason:
.....

CLAIM REQUEST

Check the request:

- ☐ Free repair
- ☐ Replacement of the product with a new one
- ☐ Price reduction (please specify proposed amount/range)
- ☐ Refund (withdrawal from the contract)
- ☐ Other request:

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Date and Signature of the Claimant