

Mature services s.r.o.
Warehouse address: Pražská 1816, 509 01 Nová Paka, Czech Republic
Mail: info@wholesale-perfumes.eu
Tel.: +420 493 655 568, +420 493 655 565, +420 493 655 556
www.wholesale-perfumes.eu
Reg.number: 08294186 VAT: CZ08294186



COMPLAINT SHEET

CUSTOMER: Company and address	Contact Person: Mobile Phone: Mail: Bank account (IBAN):
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CLAIMED GOODS: Invoice number: ID number/EAN: Number of Pieces:
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Reason of return:

Date: _____	Signature: _____
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