COMPLAINT FORM

Date: _____

Name and Surname: _____

Address: _____

Email, phone: _____

I hereby submit the following complaint.":

Order number: _____

Time: _____

Description: _____

Number of item: _____

Description of complaint : _____

_____

_____

_____

_____

_____

Preferred method of handling the complaint: Change ☐ Discount ☐ Return of money ☐

Signature: _____

Please fill out, sign and send this form to the following address: billing@sedgeol.com

SedGeol sro. , Karlovo náměstí 290/16, Nové Město (Praha 2) 120 00 Praha, Czech Republic
Fakturační údaje:
IČO: 06883575
Číslo účtu: 511633002 / 5500