**Claim protocol Order number***\****:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date of claim:\* |  | Date of invoice\* | |  | |
| Name and Surname:\* |  | | Tel.\* | |  |
| Full delivery adress:\* |  | | | | |
| Product name:\* |  | | | | |
| Description of the defect\* |  | | | | |
| Package include:\* |  | | | | |
| Note:\* |  | | | | |

*\** fill marked

........................................................

Signature of claimant

***Service statement*** Claim number:

|  |  |
| --- | --- |
| Date: |  |
| Technician name: |  |
| Official statement of  authorized service: |  |

Send filled claim protocol to address below, also with the claimed goods, accessories and a copy of the invoice to the following address: Media Leaders s.r.o., Dlha 4, 974 05 Banska Bystrica, Slovakia

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Signature and company stamp