

WARRANTY CLAIM FORM



Name and Surname	
Phone Number	
E-mail Address	
Order Number	
Invoice No. / Receipt	
PURCHASED MODEL (please specify model, size and color code)	PLEASE DESCRIBE THE REASON OF CLAIM
NOTE! The funds will be returned to the account from which the payment was made.	
Account No.	
Bank Name	
If you have any questions, please contact the Customer Service at +48 888-800-000 or via e-mail - info@optique.pl	