

COMPLAINT FORM (Warranty Claim Form)

Order Number: _____

SUPPLIER:

Gamershous s.r.o.
Josefa Chludila 150
69603 Dubnany
Czech Republic
Company ID: 07445091
VAT ID: CZ07445091

CUSTOMER (CLAIMANT):

Name and Surname: _____
Address: _____
E-mail: _____
Phone: _____

Returned / Claimed Goods:

Invoice / Receipt No.: _____

Date of Purchase: _____

Description of the Defect:

Preferred Method of Resolution (please select one):

- Repair of goods
- Replacement of goods
- Refund
- Other: _____

Date: _____

Signature of Customer: _____

--- To be completed by GamersHouse ---

Claim received by: _____

Date of claim resolution: _____

Resolution method: _____

Stamp and signature: _____