**Attachment No. 1 – Complaint Form**

**Recipient:**

Peter Madár

ID Number: 52763285

VAT Number: SK1126041785

Registered office: Včelárska paseka 1991/1, 040 01, Košice – Vyšné Opátske

Registered in the Trade Register No. 820-90740 at the District Office in Košice

Contact details: Peter Madár

Email: info@crayonstables.com

Phone: +421 952 161 890

Website: [www.crayonstables.com](http://www.crayonstables.com/)

**Complaint Submission**

|  |  |
| --- | --- |
| Title, first name, and surname: |  |
| Address of residence: |  |
| Email address: |  |
| Order and invoice number: |  |
| Order date: |  |
| Date of receipt of the goods: |  |
| Product being complained about (name and code): |  |
| Description and extent of defects in the goods: |  |
| As a customer of the seller, I request that my complaint be handled in the following manner: |  |
| I wish to receive a refund to my bank account (IBAN)/other method |  |

Attachments:

Date:
Signature: