



## FORM FOR COMPLAINT OF GOODS

by 24 months from its acceptance or according to its warranty period

**Address for sending complaints:** LangerOldTimer s.r.o, Dlouhá 87/10, 41702, Dubí 2

### Customer information:

Address for sending complaints	
Street and number	
City	
Zip code	
Tel	
Email	

Information about the defect of the goods	
Date of purchase	
Invoice number	
The date the defect was discovered	
Part number (not obligatory)	
The name of the claimed part	

<b>Description of the defect</b>	
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**In the event of a recognized claim, you wish:**

- replace the parts** ☐
- return money** ☐
- repair the parts** ☐

signature: