

Do not fill in

RMA number:

Date:

Please, fill in the information below (customer)

Customer name & Headquarters		Contact Person	
		E-mail:	
Order Nr.		Invoice Nr. PEI / Genesis	
Claimed PN		Manufacturer	
Issue description:			
<p>I agree with the Complaint Rules of PEI / Genesis s.r.o. and I have been cognizant of it properly. I agree that the costs of transport or exchanging goods will be charged by myself, in case the claimed defect was caused by due to improper use or when the goods have been claimed after the warranty period. At the same time I undertake to pay all diagnostic and administrative expenses if the goods were found to be functional.</p>			
Date:	Name:	Signature:	
Way of dealing with the claim:			
			Date/ signature:

In Prague:

Department of quality