

Shipping address:

CLAIMS FORM

Buyer

Name and surname:

Address:

Tel: or E-mail:

Returned/Claimed goods

Order number	Product name	Size	Color

Claimed defect description

Purchase date (invoice issue date):

Invoice No:

Claim date:

Date: Customer signature

.....

To be filled in by PROGRESS sportswear

Supplier's statement:

Date:.....

Dealer signature