

Please fill in information in all fields below and send it to us at: customercare@sits.pl

Data of customer submitting a claim in connection with quality warranty			
Shop			
Name and surname of contact person			
Telephone	+48 _ _ _ _ _	Date	DD-MM-YYYY
E-mail	<i>your.email@domain.eu</i>	Claim no. (internal shop no.)	_ _ _ _ _
Product data			
Order/invoice no.	_ _ _ _ _	Period of furniture use	
Model		Q-ty	
Furniture type	<input type="checkbox"/> Sofa 4-pers. <input type="checkbox"/> Sofa 3-pers. <input type="checkbox"/> Sofa 2-pers. <input type="checkbox"/> Section 1-pers.	<input type="checkbox"/> Ottoman / Chaise lounge / Divan <input type="checkbox"/> Bed <input type="checkbox"/> Corner sofa	<input type="checkbox"/> Pouf chair <input type="checkbox"/> Armchair / Chair <input type="checkbox"/> Table <input type="checkbox"/> Accessories
Cover type	<input type="checkbox"/> Fabric	<input type="checkbox"/> Leather	<input type="checkbox"/> Other
Defect description			
Additional information (e.g. address for spare part delivery, expected handling manner)			
Attach pictures representing the defect	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3