### Defective Product Claim Form www.thekombinat.com

info@thekombinat.com

### Date (yyyy/mm/dd): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for purchasing our product**.** We hope that you are enjoying your product aside from the issue that you are contacting us about. We understand that sometimes defects happen and we would love to help. The following form must be filled before the issue can be resolved. Thank you for your patience as we promptly address your claim.

|  |
| --- |
| PERSONAL INFORMATION |
| First Name |  |
| Last Name |  |
| Address |  |
| City, STAT ZIP Code |  |
| Email |  |
| Phone Number |  |

### Product Information & Complaint

|  |  |  |  |
| --- | --- | --- | --- |
| Product Name |  | Product Version or Model |  |
| Order Date |  | Delivery Date |  |
| *Description of the type of damage or defect:* |

Make a copy of the sales receipt showing you as the original purchaser.

Present this form, pictures, and a copy of your receipt to us. You will be contacted with the results of the investigation within 14 days.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Customer Signature |  | Date |  |