



MKTP

MÓJ KRAJ TAKI PIĘKNY

REPLACEMENT FORM

FIRST NAME AND SURNAME _____

ORDER REFERENCE NUMBER: _____

PHONE NUMBER AND E-MAIL ADDRESS _____

ADDRESS _____

DATE OF PURCHASE _____

FILLING DATE _____

RECEIPT NUMBER: _____

REASON FOR REPLACEMENT - DETAILED DESCRIPTION (SEE ADDITIONAL POINTS BELOW)

1. WRONG SIZE 2. NO REASON 3. I DON'T LIKE IT 4. NOT AS PICTURED. 5. NOT AS DESCRIBED

RETURNED

PRODUCT: _____ REPLACED WITH: _____

COLOUR: _____ COLOUR: _____

SIZE: _____ SIZE: _____

REMEMBER TO ATTACH THE PROOF OF PURCHASE TO THIS FORM (e.g. RECEIPT), OTHERWISE YOUR REQUEST FOR REPLACEMENT CANNOT BE PROCESSED!
PLEASE SEND THE PRODUCT SUBJECT TO REPLACEMENT WITH THE FORM AND PROOF OF PURCHASE TO THE BELOW MENTIONED ADDRESS:

MKTP, ul. Jagodne 5, 05-480 Karczew, with a note REPLACEMENT.

CUSTOMER'S LEGGIBLE SIGNATURE