



Bokal Sport
Mestni trg 20
4220 Škofja Loka
T: 04 51 12 880
E: info@bokal-sport.si
W: www.bokal-sport.si

RETURN FORM FOR DAMAGED OR DEFECTIVE GOODS

Please fill the information (buyer's information):

First and last name: _____

Address (City, postal code, street): _____

Phone number: _____

E-mail: _____

Company

Bokal d.o.o., Škofja Loka

Trgovina Bokal Sport

Mestni trg 20

SI-4220 Škofja Loka

Bank account number: _____

Purchased goods receipt date: _____

Order number: _____

Product name: _____

Detailed description of the discovered defect:

Contents of the recieved package:

Note: The product being returned, must be returned with all the additions that were in the original package.

Date of defect or damage being found: _____

In case of a solved return claim, I prefer (select an option):

- Refund on my bank account written below
- Replacement item
- Item repair

Please specify to make the refund possible:

Account owner: _____

Account number: _____

Account bank name: _____

Date and signature: _____