

FORM FOR RETURNING GOODS



RockFast s.r.o.
CTPark Prague North 1
Hall: D8.7B unit B
277 45 Uzice
Czech Republic

Reg. No: 09385363
VAT ID: CZ09385363
info@toolportal.eu
www.toolportal.eu

REQUIRED FORM APPLICATION Please circle the required action. We will do further steps based on what you select.	A) Warranty claim When the goods get damaged.
	B) Return of goods within 14 days Can be used within 14 days after purchasing online. Cannot be used when purchased as a company.

Please fill out, print, sign and physically insert this form into the package with goods you are intending to return. Make sure the package is wrapped properly to avoid any damage during transportation. We will action your warranty claim within 30 days. Your return good claim will be actioned within 14 days after receiving the goods physically.

NAME and SURNAME		ORDER DATE	
STREET and No.		PRODUCT NAME	
CITY		AMOUNT	
ZIP CODE		PREFERRED ACTION Circle the preferred action. Please note we cannot always fulfill your request.	A) Item exchange B) Item repair C) Money return D) Discount voucher for the next purchase
EMAIL			
PHONE NUMBER			
ORDER NUMBER			
BANK ACCOUNT To be used when we are to return the money.			
RETURN REASON Describe the specific reason for returning the item.			

Date

Your signature
