Complaint Form



DATE OF SUBMITTING THE COMPLAINT:				DATE OF DETECTION OF THE DEFECT:			
CURRENT CUSTO	OMER CONT	ACT DETAILS					
NAME AND SURNAME /	COMPANY:						
STREET / HOUSE NUMB	ER:						
POST CODE, CITY:							
EMAIL:	.: PHONE NUMBER:						
BANK ACCOUNT NUMB	ER:						
DATA OF THE PRO	ODUCT						
ORDER NUMBER:							
NAME OF THE COMPLA	INT PRODUCT:						
MANUFACTURER CODE	OR PRODUCT E	EAN:					
DESCRIPTION OF	THE DEFE	CT					
FACTORY DEFECTS		MATERIAL ABRASION		CRACKED SOLE		CROPPING OF THE MATERIAL / FRACTURE OF THE MATERIAL	
HOLES		COLOR PROBLEM / COLOR PEAK		DAMAGED KEEPER		WRONG MODEL	
NO BUTTON / DAMAGED RIVET / DRIVE		OVERPRINT		WRAPPING		WRONG SIZE / COLOR / FABRIC	
SEAM PROBLEM		SPLITTED SOLE		BROKEN SLIDER		THE REMAINING (COMPLETE DEFECT DESCRIPTION)	
UNDER WHAT CIRC	UMSTANCES	S WAS A DEFECT FO	UND?				
DURING USE		OTHERS					
DOTING COL		ITH COMPLAINTS.					
EXPECTED FORM O	F DEALING W	TITI COMI LAINTS.					

We process your data contained in the complaint form in order to implement the complaint process. The basis for processing is the implementation of the legal obligation of the provisions on the warranty for defects in the goods sold. See our Policy Privacy on www.prm.com/us/a/privacy-policy, in which you will find information on the principles of processing your personal data by Answear.com SA. based in Krakow as the Administrator and about the tools for exercising your rights.

Salesupply Inc. c/o "DC Answear – PRM Returns / Complaints"

12480 NW 25th Street Suite 115 Miami FL 33182 USA

Address label to be affixed to the parcel containing the product under complaint.

The label is only an aid to the correct addressing of the parcel, it does not dictate the method of shipment of the product under complaint.