

Complaints

Fill in with readable block letters

Send to
RaceMakers
Enggårdvej 21
7400 Herning
Mail: info@racemakers.dk

I/we hereby inform that I/we would like to claim the right to claim in connection with my/our purchase agreement regarding the following:

(Enter order number/voucher in all cases. When claiming more than one item from the same order, a separate claim form is filled out for each item of different types.)

Condition of the product
(Choose one)

Unopened Opened Tested

Order number/voucher _____

Quantity

Product

Comprehensive description of the product's condition/deficiency

Complaints

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Order date _____

Received date _____

Ordered in:
Name _____

Address _____

Zip number _____

City _____

Choose one:

I/we want the item repaired / replaced

I/we want the money back

If you wish your money back, they will be returned to your credit card, if possible, and will be transferred to your bank account. Always provide your registration and account number so that we always have the ability to make a bank transfer:

Registration number: _____

Account number: _____

The undersigned hereby provides that the form is filled in correctly by faith and promise.

Date

Signature