

COMPLAINT FORM

Name: SOPAR d.o.o.

Headquarters: Stjepana Babonića 96, 10000 Zagreb, CROATIA

E-mail: info@soparcollection.com

Place and date: _____

Subject

PRODUCT COMPLAINT:

A copy of a valid bill for purchased product: YES NO

Send product to web shop

Buyer's Contact

First and last name: _____

Address: _____

IBAN (bank account number): _____

E-mail: _____

Phone: _____

Complaint description:
