

## RETURN/COMPLAINT FORM

You have a right to return purchased products within 10 days, from the day of delivery. If you are not satisfied with any item purchased at Stomp-Head Store, please fill out this form. We will do our best to consider your claim as soon as possible.

**Return Policy:**

- 1. Packaging.** Ship the package back to our headquarters along with the invoice, filled out return/complaint form, warranty documents, user's manual, labels and bonus products (if any were included), please also use the original product package. Products cannot bear any marks of use, and have to be packed carefully. The original packaging should not be damaged.
- 2. Return.** The product has to be sent on the Buyer cost. Packages sent on the Shop expense will not be accepted. The prices in Stomp-Head Store include shipping cost. In case of returning the goods by the Buyer, the Shop will charge 30 EUR shipping cost per parcel.
- 3. Complaint.** If you would like to make a complaint, please fill out the lower section of this document.
- 4. Money transfer.** The reimbursement process will start after receiving and checking the returned products.
- 5. Info.** For more information about returns or complaints, please visit our website: [www.stompheadstore.pl](http://www.stompheadstore.pl)

**Return Address:**

Stomp-Head Store  
Cieszynskiego 4  
81-881 Sopot  
Poland

Order details (please fill out)	Refund (please select one and fill out)
Name: ..... Address: ..... ..... E-Mail: ..... Phone: ..... Order no: ..... Product: ..... ..... .....	<input type="checkbox"/> Account details Account owner: .....  Acc. No. IBAN : ..... .....  SWIFT/BIC: .....  <input type="checkbox"/> PayPal
Reason of return (please select one or more)	
<input type="checkbox"/> no reason <input type="checkbox"/> dislike <input type="checkbox"/> damaged	<input type="checkbox"/> late arrival <input type="checkbox"/> incorrectly shipped

**Date:** .....

**Signature:** .....

Complaint	
Date of order: ..... When damage has been first seen: ..... I would like to get (please tick one): <input type="checkbox"/> a new product <input type="checkbox"/> a repaired product <input type="checkbox"/> reimbursement <input type="checkbox"/> others: .....	Description: ..... ..... ..... ..... ..... ..... .....

**Date:** .....

**Signature:** .....