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COMPLAINT/RETURN FORM

Customer meets			
Name		Surname	Address
Post code		Country	Contact telephone
E-mail address			
Description of the complaint/return (please state the reason for the complaint/return)			
Specify what you want to do with the product you are advertising (mark with an X):			
<input type="checkbox"/>	I want a replacement product	<input type="checkbox"/>	I want a refund
Account number for refund *			
Bank name*		Owner of the account*	

* not necessary if the data is the same as on the order

Complainant

(an additional stamp if it is a company)

Date

(dd.mm.yyyy)