

RMA form

Please send the filled form together with the goods to our address:

Wolf Street Vape (G3netix, s.r.o.)

Volfova 6

61200 Brno

Czech Republic

Do not send as COD.



Customer details

Name and surname: _____

Address: _____

Order / Invoice number: _____

Details about the goods

Name of the defective goods:

Amount:

Issue:

Please describe the defect in detail and tell us how to reproduce it.

Preferred solution of the complaint

- Repair
- Replacement
- Money-back

Additional information:

Shipping date:

Signature of sender:
