

RECLAMATION FORM

Name: ELFS d.o.o.

Name: ALEKSANDAR ALEKSANDAR d.o.o.

Location: Petrinjska 29, 10 000 Zagreb, Croatia

Tel .: 098 939 7431, E-mail: info@lexalex.hr

In _____, on_____.

Subject

Product :

Invoice copy:

YES

NO

Contact

Name and surname : _____

Address : _____

IBAN : _____

E-mail : _____

Phone : _____

Message :

