

CLAIM FORM

To the attention of Lady Edna,
I, (Name, First Name): _____, hereby communicate my claim about the execution of the order whose information is detailed below.

ORDER REFERENCES

Order N°: _____
 Order date: ____ / ____ / _____ Date received: ____ / ____ / _____
 Value of returned product(s): _____ € TTC
 Payment method used to order: CB Other : _____

CUSTOMER INFORMATIONS

Last Name: _____ First Name: _____
 Email : _____ @ _____ Phone: _____
Delivery address:
 Address: _____
 Zip: _____ City: _____ Country : _____

Reason for claim (tick the boxes corresponding to your situation):

- The package arrived damaged, and items were broken or damaged. Have you filed a claim with the carrier? References?
 One item is defective
 The package was incomplete.
 An article that I had not ordered was substituted without my consent to an item I have ordered.

Please fill the table below, tick the appropriate issue

RETURNED PRODUCT(S)

ARTICLE	PROBLÈME	COMMENTAIRES
	Broken - Defective Missing - Replaced without my consent	
	Broken - Defective Missing - Replaced without my consent	
	Broken - Defective Missing - Replaced without my consent	

What would you expect from Lady Edna? Check one:

- Exchange
 Credit slip (which you can deduct for your next purchase)
 Reimbursement
 Other (specify) _____

Warning: this form must be sent to us by mail or email (ladyedna@ladyedna.com) within 3 days after delivery of the package. See Terms and Conditions for the procedure.

Upon receipt, a member of the Lady Edna team will contact you to confirm the proper consideration of your complaint and consider the action to be taken, particularly the modalities of a possible return of product.

Date :

Signature :