



Complaint form

Product:

Date of purchase __ - __ - ____

Description (manner or cause of occurrence) of the damage:

.....
.....
.....
.....

FULL NAME:

.....

ADRESS:

.....
.....

CONTACT NUMBER :

.....

E-MAIL:

.....

Preferred form of accepting the complaint. Please select the appropriate number:

- 1. Damage repair 2. New same model 3. Refund of purchase costs *

*) only in cases where :

- repair or replacement is impossible or requires excessive costs,
- the seller did not replace the items with a new one or did not repair the items in a timely manner,
- the replacement or repair would expose the advertiser to significant inconvenience

Attention! The complaint will not be accepted without attaching the proof of purchase of the product (a fiscal receipt or invoice) and a correctly completed complaint form.

.....date and legible signature of the client.

CONSIDERATION OF COMPLAINTS Decision The complaint is considered: positive * /
negative * *) delete unnecessary Date and signature of the service