

COMPLAIN FORM*

ORDER INFO

ORDER NUMBER: _____

DATE OF ORDER: _____

INVOICE / RECEIPT NUMBER: _____

PRODUCT INFO

ITEM NUMBER	DESCRIPTION	QUANTITY
_____	_____	_____
_____	_____	_____
_____	_____	_____

REASON OF THE COMPLAIN

PLEASE, LET US KNOW THE REASON OF YOUR COMPLAINT:

WHEN THE DEFECTS WERE DETECTED: _____

IF THE PRODUCT HAS DEFECTS, THE COMPLAINANT IS ENTITLED TO:

PRICE REDUCTION _____

FREE-OF-CHARGE REPAIR

REPLACEMENT FOR A NEW

REFUND OF THE PAID PRICE /
WITHDRAWAL FROM THE CONTRACT

PERSONAL DATA

NAME

ADRESS

E-MAIL

DATE AND SIGNATURE OF THE COMPLAINANT

* PLEASE FILL OUT INFORMATION IN BLOCK LETTERS IN ENGLISH. YOU CAN FIND THE INFORMATION IN THE ORDER CONFIRMATION EMAIL SENT TO YOU, OR FROM THE DELIVERY NOTE ATTACHED TO YOUR PARCEL.

IN CASE, YOU DON'T HAVE THE FACILITY OF 'PRINTER', WE EXPECT FROM CUSTOMER TO PROVIDE ALL THE INFORMATION ASKED ABOVE ON A PLAIN PAPER.



KAROLINA RYBARCZYK LAPINIST
JULIANA LAMBORA 13
66-400 GORZÓW WLKP.
POLAND

„COMPLAINT”