

Complaint Form / Return Form

Please complete the form accurately and legibly

Date of purchase	
No. of order	
No. of invoice	
Publication	
Reason of the complaint <input type="checkbox"/> product damaged / defective <input type="checkbox"/> product not compliant with the order	Return <input type="checkbox"/> return of the product
Date of noticing damage	
Description of damage / non-compliance	
Contact details	
Name and surname	
Company name	
Address	
Postal code	
City	
Country	
E-mail	
Phone	

.....
Date

.....
Signature and stamp

Confirmation of complaint's receipt:

.....
Date, signature and stamp