

....., date..... 20.... r.

CUSTOMER COMPLAINT FORM**CUSTOMER:** (Company name, address, contact person , tel and email)**INVOICE INFORMATION:****PURCHASING DATE:****INVOICE NUMBER :****NAME OF THE GOODS :**

QUANTITY OF THE GOODSPCS PRICE:EUR

NAME OF THE GOODS :

QUANTITY OF THE GOODSPCS PRICE:EUR

NAME OF THE GOODS :

QUANTITY OF THE GOODSPCS PRICE:EUR

TOTAL VALUEEUR

CAUSE OF COMPLAINT : FAILURE DESCRIPTION.....
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When the failures were noticed:

If the items cannot be repaired or replaced, please transfer the equivalent onto my bank account.

BANK DETAILS:.....
.....
..........
(Customer signature)

*Goods from the complaint are to be shipped by the customer at his own expense. Shipments sent COD will not be received .
Admission of the goods will take place only with a signed complain form. If Your complain will not be accepted , the goods will be
returned at the expense of the customer.*