

COMPLAINT FORM

(to be filled in by the Customer)

Company/name and address of the Customer:

Company Id. No.:

(and Company Tax No.)

Return address in case of returning the goods:

(Fill in only if it differs from the above address)

Contact person:

Tel./fax:

Mobile phone:

E-mail:

Notes:

Goods that is subject of Complaint:

Date of purchase:

(Date of invoice)

Invoice No.:

Detailed description of the reason of complaint:

Proposed method of settlement of the complaint:

1. When exercising your rights arising out of the Seller's liability for defects, it is advisable to attach a proof of purchase of the goods or invoice, if it has been issued, or any other document proving the purchase of the goods.
2. When sending the goods, the Buyer is obliged to wrap the goods in an appropriate packaging to prevent any damage or destruction.

Date: _____

Signature of the Customer: _____

(To be filled in by the Seller)

Date of acceptance of the complaint:

Person responsible for clearing the complaint:

Decision of the Seller:

Date: _____

Signature of the Seller: