

PRODUCT COMPLAINT FORM

PLEASE FILL IN THE FORM IN BLOCK LETTERS,
THE ORDER NUMBER CAN BE FOUND IN THE E-MAIL CONFIRMING THE PURCHASE

ORDER NO

FIRST NAME AND LAST NAME.....

ADDRESS.....

ADDRESS.....

PHONE NUMBER E-MAIL

RECEIPT OR INVOICE NUMBER

SUBJECT OF THE COMPLAINT.....

REPORTING A COMPLAINT (*description of defects*)

.....

IN CASE OF NO POSSIBILITY OF REPAIRING OR REPLACING THE GOODS FOR ANOTHER
GOODS, PLEASE REFUND THE MONEY BY A TRANSFER TO MY BANK ACCOUNT:

THE NAME OF THE BANK

BANK ACCOUNT NUMBER.....

I DECLARE THAT I KNOW THE COMPLAINT TERMS SET OUT IN THE STORE REGULATIONS.

.....
 DATE AND CUSTOMER SIGNATURE

THE ADVERTISED PRODUCT SHOULD BE SENT TO THE SELLER AT THE ADDRESS:
 "PIK JAKUB RODZIK", ŻABY 63A, 96-314 BARANÓW. THE SELLER WILL NOT ACCEPT THE
 DELIVERY WITH THE GOODS SENT ON COLLECTION. COMPLAINTS ARE HANDLED UP TO 14
 DAYS FROM THE DATE OF RECEIPT BY THE SELLER.

WYPEŁNIA SPRZEDAWCA PO OTRZYMANIU FORMULARZA REKLAMACJI

POTWIERDZENIE WPŁYNIĘCIA REKLAMACJI

OTRZYMANO DNIA

DECYZJA

UWAGI

PODPIS SPRZEDAWCY