

COMPLAINT FORM

Online Shop

sklep.proteccss.pl

Receipient:

Albert Marczak,

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|---|---|
| Data of the Customer/Person claiming the Goods (name and surname, address, e-mail address, telephone number): | |
| Company name and NIP number (if applicable) | |
| Order was directly related to Client's professional activity (if applicable) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| PKD code of the Client's business activity to which the order pertains (if applicable) | |
| Subject of complaint (name of goods, gross price, description if any) | |
| Order number | |
| Invoice number (if applicable) | |
| Delivery address | |
| Date of collection of the Goods by the Customer/Person claiming the Goods | |
| Reason for the complaint (e.g. description of the defect, circumstances in which the defect arose/discovered) | |
| Date the defect was noticed | |
| The request of the Customer / Person claiming the Goods: | <input type="checkbox"/> replacing the goods with goods free from defects, <input type="checkbox"/> removal of defect (repair), <input type="checkbox"/> price reduction, <input type="checkbox"/> withdrawal from the contract. |

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Date and signature (if the declaration is made in writing)