COMPLAINT FORM

APPLICANT'S DATA:	
Name:	
Address:	
email address:	

INFORMACJE:	
Name of the advertised Good/Product (including service) (optional symbol, price, brand, other information)	
Order number/proof of purchase *	
Description of the identified defect:	
Date the defect was found:	
Demand related to the defect/damage (please indicate the selected option):	• Replacement with new Goods • Repair, if technically possible • Reduction of the price of the Goods • Withdrawal from the contract, if the defect is material

(1) In case of loss or destruction of the proof of purchase, please send us the order number or proof of payment for the Goods.
Please send back the Goods under complaint together with the original form to the address of the Seller's headquarters: Ogrodowa 3, 86-014 Kruszyn, Poland.

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Date and signature of the Submitter