

Place, date

ul. Orkana 5

36-020 Tyczyn, Poland

COMPLAINT FORM

CUSTOMER'S DETAILS:

Name and surname:

Address:

Phone no:

E-mail:

Order no:

Goods name:

Date of purchase of the goods:

Quantity of returned goods:

pieces in the amount of

Total value of the goods:

THE REASON OF CLAIM: DESCRIPTION OF DEFECTS

When defects have been identified:

If it is not possible to repair or replace the goods with another, I kindly ask you to return the value of the goods by bank transfer to my bank account given below:

* * *

The complaint shipment is sent by the customer at his own expense. If the claim is accepted Silvecraft returns shipping costs to the Customer. Goods whose complaint has not been accepted will be returned at the expense of the Customer.

customers legible signature