



# COMPLAINT FORM

Order number

Name and surname

Address

E-mail

Order number	Quantity	Sales prices	Reason of complaint
			<input type="checkbox"/> Repair <input type="checkbox"/> Exchange
			<input type="checkbox"/> Repair <input type="checkbox"/> Exchange
			<input type="checkbox"/> Repair <input type="checkbox"/> Exchange
			<input type="checkbox"/> Repair <input type="checkbox"/> Exchange

Hereby I confirm I read terms and conditions of complaints and I accept them.

.....  
DATE AND SIGN