Customer complaint form



1. Customer			
Name and surname			Street, no.
City			Postal code
E-mail			Telephone
Date of the order		Order No.	Invoice No.
•••••			
2. Claimed goods			
Amount Product No.			Complaint reason
2. Due forward and the continue of			
	○ Replacement		
	O Repair		
	O Refund	Bank account nu	ımber
Date			Signature
	City E-mail Date of Claim nount	Name and surname City E-mail Date of the order Claimed goods nount Product No. Preferred settlement method Replacement Repair Refund	Name and surname City E-mail Date of the order Order No. Claimed goods nount Product No. Preferred settlement method Replacement Repair Refund Bank account no.

Manufacturer's statement, complaint technician's statement: