 [Translated from Polish to English - www.onlinedoctranslator.com](https://www.onlinedoctranslator.com/en/?utm_source=onlinedoctranslator&utm_medium=docx&utm_campaign=attribution)



**COMPLAINT**

ORDER NUMBER: ............................. ORDER DATE: ..............................................................

INVOICE/RECEIPT NUMBER: ..................................................................................................

FIRST NAME AND LAST NAME: ...............................................................................................

ADDRESS:....................................................................................................................................................................................................................................................................................

TELEPHONE:.................................................... E-MAIL:…………………………………………..

ISSUE DATE:..............................................................................................................................

DESCRIPTION OF THE ADVERTISED PRODUCT: ……….….……………………………………………….................................................................. .................................................................................................................................................... ....................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................

**IN THE EVENT OF A COMPLAINT, IT IS POSSIBLE:**

* replacing the product with a defect-free one,
* cash refund - which is only possible to the bank account provided by the Customer.

Bank name: ...........................................................................................................................

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Account number** |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

|  |  |  |  |
| --- | --- | --- | --- |
| **PRODUCT NAME** | **ILOCUTTING PIECES** | **GROSS PRICE** | **CAUSE****COMPLAINTS** |
|    |   |   |   |
|    |   |   |   |
|    |   |   |   |

Customer comments:

............................................................................................................................................................................................................................................................................................................................................................................................................................................................

**Important !!**

I declare that I am familiar with the terms and conditions of product complaints specified in the Store Regulations.

**If the product defect is insignificant, the product is not subject to complaint**.

**I am attaching to this form:**

* proof of purchase – VAT invoice / fiscal receipt,
* complaint declaration carefully completed
* complaint product

**Please return the product to the following address:**

Sursum – Corda! - Hearts up!

street KK Baczyńskiego 5

08-440 Pilawa

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(date and legible signature of the Client)