..................., dn............. 20.... r.

**COMPLAINT FORM**

COMPLAINANT:

First and last name ......................................

Company Name ........................................................

Address: ..................................................

Address c.d : ............................................

email: ...................................................

tel: .......................................................

Date of purchase of goods .......................................................

Name of goods.................................................................

Order No. .............................Invoice No. ......................

Quantity of advertised goods ..................... pcs/kg

Total value of advertised goods .............................. PLN /EURO

Bank account no. ( in case of payment by bank transfer )

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ADVERTISEMENT: description of defects

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.............................................. (legible signature of the complainant)