COMPLAINT FORM

REXIMPRIMIS - English version

Place: ..... Date: ..... / ..... / 20....

CLAIMANT DETAILS

First and last name: _____

Address: _____

Address continued: _____

E-mail: _____

Phone: _____

ORDER AND PRODUCT DETAILS

Date of purchase: _____

Product name: _____

Order number: _____

Quantity of complained goods: ..... pcs. at ..... PLN / EUR

Total value of goods: _____

COMPLAINT SUBMISSION - DESCRIPTION OF DEFECTS

Date when the defects were identified: _____

REFUND DETAILS

If it is not possible to repair or replace all of the goods with another item, I request a refund of the value of the items by bank transfer to my bank account:

Bank account number: _____

The customer sends the complained goods at their own cost. Cash-on-delivery parcels will not be accepted. The condition for accepting an item under the complaint procedure is sending it together with the signed complaint form. Goods whose complaint is not accepted will be returned at the customer's expense.

_____

Legible signature of the claimant