

COMPLAINT FORM

Company's data:

Name:

Address:

Tax number:

Phone number:

E-mail address:

Invoice number:

Date of purchase:

Defective goods - model number

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

Description of the defect:

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Comments:

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Details to bankwire:

Account number:

.....
(Signature)

PLEASE PUT THIS ON THE BOX

CLAIM VICES ONLINE

VICES — *selection design* —

AZA GROUP S.A.

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