

COMPLAINT FORM

Company's data:

Name:

Address:

Tax number:

e-mail

Phone number:

Invoice number:

Date of purchase:

Defective goods:

1. 6.

2. 7.

3. 8.

4. 9.

5. 10.

Description of the defect:

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

.....
Signature

PLEASE PUT ON THE PACKAGE

CLAIM VICES ONLINE

VICES
— selection design —

AZAGROUP S.A.

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