

Complaint form

(this form should be filled in and returned)

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Product (model):

Date of purchase __ | __ | ____ Order number Invoice

Description (method or reason for the occurrence) of damage:

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

Customer data:

First name: Last Name:

Address:

Post Code: City:

E-mail :

The preferred form of recognition of the complaint

Please tick the appropriate point::

1. Repair of damage
2. New the same model
4. Return of purchase costs *

*) only in cases when:

- repair or replacement are impossible or require excessive cost
- the seller did not exchange things for a new one or did not fix things in a timely manner
- or repair would expose the advertiser to significant inconvenience

Along with the product being advertised, please attach proof of purchase - Invoice

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Customer's date and signature

COMPLAINT OF COMPLAINTS

Decision

The complaint is considered: positively * / negatively *

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*) delete if not applicable

.....
Date and service signature