



QUARTER PANELS • SILLS DOOR • REAR PANELS

COMPLAINT FORM

Name and Surname:

Address:

Phone Number:

Email Address:

Order Number:

Order Date:

Invoice Number

Product(s):

.....

.....

Description of the damage:

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.....

Preferred form of complaint recognition:

- ☐ Repairing the damage
- ☐ Replacement for a new product
- ☐ Refund of purchase costs*

I declare that I have read the store regulations and accept them.

Date & Signature:

* Only if repair or replacement is impossible or would involve disproportionately high costs