



## COMPLAINT FORM

ORDER NUMBER: ..... ORDER DATE: .....

INVOICE / RECEIPT NUMBER: .....

FULL NAME: .....

ADDRESS: .....

.....

TELEPHONE: ..... EMAIL: .....

\* Please fill the form in capital letters

Please return the full amount to the bank account:  
(refund is only possible to the Customer's bank account)

Bank:		Account-No.:	
IBAN:		BIC:	

PRODUCT NAME	AMOUNT	GROSS PRICE	COMPLAINT REASON

Remarks:

.....  
.....

I hereby declare that I've read and understand the complaint conditions mentioned in the shop regulations.

.....  
(legible signature of the client)