

RELAB CORP Sp. z o.o.
ul. Hanasiewicza 19
35-103 Rzeszów, Polska
NIP: 8133862816, REGON: 389316865

COMPLAINT FORM

Name and Surname: _____

Address: _____

E-mail: _____

Bank number account*: _____

***account number needed only when requesting a refund**

Order date: _____

Order number: _____

Date of defect detection: _____

Description of the defect:

Customer claims (mark the appropriate ones):

- Free repair of the goods (removal of the defect)**
- Free exchange of goods for a new one**
- Lowering the price of the goods**

Date: _____

Signature: _____