

.....
Place, date

.....
.....
.....
Consumer's name and Surname

Consumer's address

Consumer's e-mail address

**PPH IMPULS Dariusz Kowalczyk
Ul. Zyzna 11M
42-202 Czestochowa**

COMPLAINT FORM

Product (catalog number name):.....

Acquisition date:.....

Order number:.....

Or the number of the sales document:.....

Description of the defect:

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

The expected form of considering the complaint:

refunding

replacement with a new one

.....
Consumer's signature

The seller will respond to the complaint within 14 days.