

Customer Complaint Form

Supplier/Seller:

Name: MAROSSA s.r.o.

Registered Office: Nám.Slobody 4744/23A, 926 01 Sered', Slovakia

Organisation Identification Number: 55365442

Buyer/Customer:

Name:

Address:

Email:

Telephone Number:

Complained goods:

Product Name:

Order Number:

Delivery Date:

Comment:

Description of the complaint:

attachments: copy of order, copy of proof of purchase/payment

.....

place and date

.....

signature of buyer/customer

Received on behalf of the supplier/seller by: (name, date, signature)

Supplier's statement on the complaint/method of complaint handling

.....

place and date

signature of the supplier/seller

accepted by buyer/customer: (name, date, signature)