…………………………………

 place, date

………………………………………..

customer name

………………………………………

 customer address

……………………………………………..

 contact person

………………………………………………

/ contact data e.g. mail/ phone

**COMPLAIN FORM**

The condition for considering the complaint:

1. Filling the form,
2. Providing pictures of defected items
3. Sending if it is agreed defected items to EL-BOX.

In case not corrected fulfilled the form, the Seller has the right to refuse consideration of the complaint. In consequence El-BOX returns the received items at the expense of the customer within 10 days from the date set for fulfilment the missing information.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| LP |  **EL-BOX Item no.** | *Customer’s item number* |  **Number of delivery letter or invoice** | *Customer’s order number* | **Delivery date** | **Delivered quantity** | **Complained quantity** | **Description of defect** |
| 1 |   |   |   |   |   |   |   |   |
| 2 |   |   |   |   |   |   |   |   |

 …………………………………………..…………

 Signature of complaining person