

COMPLAINT NO. _____

I. CUSTOMER DATA

Company Name: _____ TAX ID: _____
Full Name: _____
e-mail: _____
Phone: _____

II. CUSTOMER'S ADDRESS FOR RETURNING THE DEVICE

Company Name: _____
Full Name: _____
Adres: _____
Phone: _____

III. DEVICE DETAILS

Name: _____
Model: _____

Order No.: _____
Serial No.: _____

The items you send: Panel Handle USB cable in quantity:___ Adapter

IV. DETAILED DESCRIPTION OF THE DEFECT

V. With regard to the above, under the Act of 30 May 2014- the Act of Consumer Rights , I request the following:

- exchange of the goods under Article 43d § 1 of the Act of Consumer Rights
- repair of the goods free of charge under Article 43d § 1 of the Act of Consumer Rights
- price reduction in the amount of _____ (in words: _____)
- I withdraw from the agreement and request a refund of the goods price

Please return the amount to your account

VI. If you run a sole proprietorship and have purchased a product under a sales contract directly related to your business, select the correct answer:

- I declare that the sales contract is NOT of a professional nature for me, which in particular results from the subject of my business activity.
- I declare that the sales contract IS of a professional nature for me, which in particular results from the subject of my business activity.

(signature of the submitter)

Shipping address of the device for complaints:

Name: SERVICE Quantum
Street: Popularna 20
Post Code: 02-473
City: Warsaw
Phone number: +48 510 410 199