Complaint Form

7SUN Paweł Sternal

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Company Name:
Company Address:
Product Information:
Product Name:
Serial Number:
Description of the defect:
The defect was detected on
Preferred Resolution (please check the appropriate box):
☐ Replacement with a new product
\square Free repair of the product
☐ Price reduction by EUR. Please refund the specified amount to the following bank account:
This complaint/return concerns a transaction concluded as part of a business activity and is not subject to the consumer protection rights.
Date and Signature: