

COMPLAINT FORM

no / REK / 2024

SUBMITTING COMPLAINT (filled by submitting)

Company:	
Contact person:	
Phone:	
e-mail:	

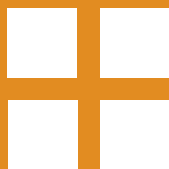
COMPLAINED GOODS and DESCRIPTION (filled by submitting)

Item	Manufacturer	Quantity	Catalogue No	Invoice No	Date of Purchase

Malfunction description:

ADDRESS TO RETURN GOODS (filled by submitting)

Return Address:



Dział handlowy:

Tel.: +48 22 490 91 13..18

Fax: +48 22 490 91 19

biuro@holdbox.eu

Dział księgowości:

Tel.: +48 22 490 91 12

Fax: +48 22 490 91 22

ksiegowosc@holdbox.eu

FORM OF DELIVERY (filled by submitting)

Personally Shipment*	Stamp and Siganture of Submitting	Date and Signature of Receiving Person (HOLDBOX)
Date of complaint acceptance		Date of received:

* According to complaint procedure available at www.holdbox.eu we hereby inform, that complained goods have to be delivered to warehouse personally or shipped on costs of submitting. In case of shipment on costs of HOLDBOX shipment will be denied and complaint will be not considered.

COMPLAINT STATUS (filled by HOLDBOX)

Repair	Refusal	Exchange	Money Return
Malfunction description:			
Date of complaint considered:			
Sales department:			

FORM OF RETURN OF GOODS (filled by HOLDBOX)

<input type="checkbox"/> Personally <input type="checkbox"/> DHL Shipment Tracking No: Inventory Doc. No:	Date and Siganture of Examining Person (HOLDBOX)
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