

COMPLAINT FORM

CITY

DATE

ORDER

Number:

Date of the Order:

Invoice Number:

Full Name

Phone

Address

email

PRODUCT	Number	PRICE (brutto)	Reason for Complaint

Form of Complaint:

Repair

Exchange

- In case neither repair, nor exchange is possible, please make a deposit to a following bank account.

Account number

Name of the bank

Account Number

- Client send products for exchange or repair at his/her own cost. The cost will be returned, if complaint is accepted. Signed complaint form and invoice must be included with the product
- I hereby confirm I accept the Terms And Conditions of the 2Rebel Online Shop.