**Fibermarkt Sp. z o.o.**

….……………,…………

Location, Date

ul. Śnieżna 18; 30-822 Krakow

**RETURN ADDRESS:**

**Fibermarkt, Sp. z o.o.**

**30-798 Kraków, ul. Christo Botewa 6A,**

**NOHO Logistic Hala H1 Brama A3**

**email: sales@fibermarkt.com**

**tel.: +48 533 533 575**

**Name and surname of the consumer(s) or company name:**

………………………………………………………………………………………………………………………………………………………..

**Contact person: (phone, email)**

…………………………………………………………………………………………………………………………………………………………

**Consumer(s) address:**

………………………………………………………………………………………………………………………………………………………..

**Order number or invoice number:**

………………………………………………………………………………………………………………………………………………………..

**PRODUCT COMPLAINT FORM**

I hereby inform you that the product(s) purchased by me on (date) ............................. is defective.

* Product name/model:…..........................................................................................................
* Serial number: ……………………………………………………………………………………………………………………
* Product name/model: …..........................................................................................................
* Serial number: ……………………………………………………………………………………………………………………
* Product name/model: …..........................................................................................................
* Serial number: ……………………………………………………………………………………………………………………

The defect consists of:

..................................................................................................................................................................

..................................................................................................................................................................

..................................................................................................................................................................

..................................................................................................................................................................

..................................................................................................................................................................

The defect was discovered on (date)..........................................

Shipping address for repaired products:

Company name: ………………………………………..…

Street and number: ………………………………………

City and postal code: ……………………………

Contact person: ……………….…………

Contact phone: ……………….………

Yours sincerely,

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