

COMPLAINT REPORT

I. SUBSCRIBER

Name of the company:

Customer number:

Contact person:

Phone/mail:

II. ADVERTISED GOODS

Number and name:	<input type="text"/>	Pieces:	<input type="text"/>
Goods:	<input type="text"/>	Pieces:	<input type="text"/>
	<input type="text"/>	Pieces:	<input type="text"/>

Invoice number:

Description of the defect:

III. REQUIRED METHOD OF HANDLING THE CLAIM

- 1) deliver the goods
- 2) no longer deliver the goods, only issue a credit note
- 3) goods replacement
- 4) repair of goods
- 5) others

Your account number:

Date: Filled out: Signature

IV. FILLS IN ECOM s. r. o.

ERČ:

Claim confirmation YES NO

Method of processing the complaint

Filled out: Date: