

GOODS COMPLAINT FORM

Buyer details/Company name _____

E-mail _____ No.Tel _____

Catalog number product		Product name	
No. Purchase document (receipt/invoice)		Product purchase date	
Machine mileage when assembling parts	<i>mth/km</i>	Machine mileage when a fault occurs	<i>mth/km</i>
Machine brand		Machine model	

Provide details of the non-compliance

<i>Select the appropriate problem</i>	<i>Describe the details of the problem</i>
Problem with assembly	
Incorrect dimensions	
Problem during use	
Visual problem	
Other	

The complaint form and the returned goods should be sent to the following address:

AGROMER
08-130 Gręzów | ul. Warszawska 155
 e-mail: biuro@agromer.pl | tel. 501590982

Date and signature
 (Place for a rubber stamp)