

COMPLAINT REGISTRATION DOCUMENT

SERVIS DEPARTMENT

AQUAFORM INC. SP. z o.o.
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Date:
Date of receiving:
Receiving person:

To be completed by Customer:

CUSTOMER	
ADDRESS	
CUSTOMER CONTACT	Name: Phone and email:
INVOICE OR ORDER NUMBER	

NO.	PRODUCT NAME	CATALOGUE NUMBER	QTY	DETAILED DESCRIPTION OF FAULT

I confirm that I have read and understood the terms and conditions of the AQForm warranty.

.....

Date and signature

To be completed by AQForm:

COMMENTS REGARDING THE COMPLAINT:		
TAKEN REPAIRS:		
DATE OF COMPLETION:	RESPONSIBLE PERSON:	CONFIRMATION: