R-GOL.com

#ZnamySięZPiłki

COMPLAINT

1. Name and surname of the person making the complaint: . . . . . .

2. Postal address: . . . . . .

. . . . . .

3. Phone number:* . . . . . 4. E-mail:* . . . . . .

** optional data – enables R-GOL to contact client via e-mail or phone*

5. Date of purchase: . . . . . 6. Price of the product: . . . . . .

7. Proof of purchase (invoice or receipt number): . . . . . .

8. Name of the product:. . . . . .

9. Date of finding defect in the product: . . . . . .

10. Descripton of the defect : . . . . . .

. . . . . .

. . . . . .

11. Clients' demands: (tick what you choose):

repairing the product | replacing the product with a new one | withdrawal from the agreement | discount

12. Delivery address (if it differs from the address in #2): . . . . . .

. . . . . .

13. Bank account number:**

*** Please provide a bank account number where we transfer the refund. Also provide a bank account number in case there is no possibility of repairing the product or exchanging it for a new one.*

. . . . . .