

COMPLAINT FORM

The Buyer:

Name and Surname

Address

Phone number and e-mail

The Seller:

Filament ID s. r. o., with its registered office at U Náměstí 707, Dolní Břežany, Postal Code 252 41,
ID No. 07308931

Defective goods:

Name of the goods:

Date of the purchase:

Number of the purchase document (invoice)

Description of the defect:

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Content of the package when handed over to the complaint procedure:

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The preferred way of settling the Complaint:

- a) repair
- b) exchange
- c) discount
- d) withdrawal from the Purchase Agreement

Date Signature of the Buyer.....