

Please fill in block letters.

**CONTACT DETAILS**

Company name	
Contact person	
Address	
VAT-ID	
Phone	
E-Mail	

**OBJECTIONABLE PRODUCT**

Product ID	
Product name	
Invoice number	
Invoice data	

**DESCRIPTION**

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**COMMENTS**

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*Data, Signature*

Before you send any goods back to us please first fill in the form and send it back by e-mail: reklamacje@falter.eu including an copy of the invoice.

**NOTE: Without a completed form the complaint will not be considered!**