



JAKÓBCZAK STUDIO SP. Z O.O.
LIMITED LIABILITY COMPANY

Tax ID: 5732955480

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COMPLAINT / RETURN FORM

No.

B2B GOODS

Type of request: ☐ Complaint ☐ Return

REQUEST DETAILS

Number and date of the document confirming purchase of the goods:

CLAIMANT COMPANY DETAILS

Company name: _____

Tax ID: _____

No.	Product name	Product code	Qty. (pcs)	Complaint details / reason for return
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Requested resolution: ☐ Replacement ☐ Refund

Attachments: photographs of the goods subject to the complaint.

Date and signature of claimant: _____