sun.store

COMPLAINT FORM

CUSTOMER DETAILS

Company name _____

Address _____

Contact person _____

Phone _____

CARRIER DETAILS

Carrier name _____

Transport document number / CMR _____

Vehicle number _____

COMPLAINT PRODUCT

Name, model _____

Delivery Date _____

ZLKP/WZ nr _____

Serial number _____

_____

Description _____

_____

Name, model _____

Delivery Date _____

ZLKP/WZ number _____

Serial number _____

_____

Description _____

_____

Name, model _____

Delivery Date _____

ZLKP/WZ number _____

Serial number _____

_____

Description _____

_____

_____

Client signature

Please send a scan of the completed form and photos of product damage to **logistics@sun.store**.