



KORTOOLS

COMPLAINT FORM

ORDER NUMBER:

ORDER DATE:

INVOICE NUMBER:

FULL NAME:

COMPANY NAME*:

ADDRESS:

.....

PHONE:

EMAIL:

COMPLAINT DETAILS (description of defects and circumstances of their occurrence):

.....
.....
.....
.....
.....

Date defects were identified

If repair or replacement of the entire product with another one is not possible,
please refund the value of the items by bank transfer to my bank account

Account number.....

The customer sends the complaint shipment at their own expense. Shipments sent cash on delivery will not be accepted. A condition for accepting the item under complaint is sending it with the signed complaint form. Goods for which the complaint is not accepted will be returned at the Customer's expense.

.....

(date and legible signature of the claimant)