

COMPLAINT FORM

Date:

1. Company / Customer Name:

Company name:

Surname, First Name:

Address:

Phone Number: E-mail Address:

2. Product Description:

Invoice number:

Fabric name: Roll ID:

Quantity:..... Number of rolls:

3. Exact description of the defect*:

.....
.....

4. Customer's request for complaint:

.....
.....

.....
(date, stamp, signature)

***Please add photo of the fabric.**

Claims will be processed within 14 working days from the date of notification. If there is need of additional studies or expert, complaint processing time can be extended, which the buyer will be informed about.