SVARMETAL sro, Jiÿínská 1733, 742 58 Pÿíbor ,
ID:26850036, VAT number:CZ26850036, tel.608 719 775

COMPLAINT FORM number:

COMPLAINER: Company/name and address

Contact person:

Telephone/fax:

Mobile:

E-mail:

Return address for sending goods:
(If it is the same as above, do not fill in!)

ADVERTISED GOODS:

PURCHASE DATE:
(Date of invoice issue)

INVOICE NUMBER:

Product serial number:

Detailed description of the defect: (for glow wire, specify: current load [A], feed speed [m/min.], pulse/short circuit/shower, gas, how thick the base material is, , quality of the base material) **A complaint without specifying the melt number will not be accepted (if labels on the coils are missing, etc.).**

Date: Complainant's signature: _____

SERVICE PART: (to be filled in by the seller)

Technician name:

Technician's statement:

Date: Technician's signature: _____

Goods issued to the buyer: **new/ repaired / unrepaired** (not suitable for PC, delete or circle the option when filling in on paper)

Comment:

Left back (date):

Package number:

Date: Seller's signature: