

CLEONI
Rożnowo, Ul. Usługowa 19
64-600 Oborniki

WARRANTY CLAIM / AFTER CLAIM* – No.

Submitted for complaint on / /

Product's name for claim:

No.	Product's Name	Quantity
1		
ad.1		
2		
ad.2		
3		
ad.3		

Client's name :

Adress :

Phone :

The claim accepted :

Repair deadline : / /

Supplier signature:

Client's signature:

*Delete as appropriate

Ad1, ad2, ad3 – describe the problem