



925CRAFT

Place, date

COMPLAINT FORM

Customer's name / Company Stamp

The reason of return / Additional informations	
Number of order or invoice from which come faulty goods	
EAN number of the product	
The number of the product position	
Quantity of products	
Weight of products	
Has the product been used?	
What surface was the product applied to?	
How the product was stored?	

customer's legible signature

Please do not fill out below the line

RMA	
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