## **COMPLAINT FORM**

COMPANY NAME			
TAX NUMBER			
ADDRESS			
INVOICE NUMBER			
PHONE NUMBER			
E-MAIL ADDRESS			
FAULTY PRODUCTS			
PRODUCT NAME/ REFERENCE NUMBE		REASC	ON
☐ I would like to receive a new product ☐ I would like to receive a refund  BANK ACCOUNT NUMBER FOR REFUND:			
BANK NAME			
I declare that I know the terms of withdrawal from the contract set out in the Terms&Conditions of the TTpack Online Store			
		signa	ture

**RETURN ADDRESS:** 

DILIGENT Balicka 100 Kraków 30-149

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- www.diligent.eu.com