COMPLAINT FORM

Addressee (Seller): Digital Solutions 98

Email: contact@shav.com

Customer Details:

First and Last Name:

_____

Address:

_____

Phone Number:

_____

E-mail Address:

_____

Subject of Complaint:

Purchase Date: _____

Product Name:

_____

Order Number:

_____

Complaint Report:

Description of the defect and circumstances under which it occurred:

When was the defect discovered:

_____

Desired Solution (mark with an "X"):

[ ] Exchange of defective goods for non-defective goods

[ ] Repair / Removal of defects

[ ] Withdrawal from the contract (Refund)

Please transfer the money to my account:

Account Number / IBAN:

_____

(Date and Signature)