

## PRODUCT COMPLAINT FORM

Date of submission:	
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### Address details:

Installer / customer data:	
Company name:	
Address:	
Postcode, city:	
Email:	
Phone:	

Purchase receipt/agreement number: <b>(document scan required)</b>	
Warranty card number: <b>(document scan required)</b>	
Sale date:	

### Device details:

Producer:	
Model / Device Type:	
Serial number:	
Production date:	

Date of occurrence of the fault/defec	
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### Description of the fault, defect/circumstances of occurrence/observation:

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I declare that the data contained in the form are consistent with the facts.  
I declare that I have read the ML System service price list and in the event of rejection of the complaint, I agree to be charged the costs resulting from the price list.  
If you are advertising multiple products, you must complete this document separately for each product.  
Please send the completed form to the following email address: [serwis@mlsystem.pl](mailto:serwis@mlsystem.pl) or send it by post with the note "SERWIS".

Legible Signature	
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