![ML SYSTEM logo]

RETURN OF GOODS ACCEPTANCE PROTOCOL

pieczęć zakładu

Date and time of admission: ....

Customer details / person / company*

Name ....
Address..
Phone number...
e-mail:...
NIP:..

Details of the person receiving the goods (ML warehouse)

Name, Surname:..
Position:..
Shipment no. / Invoice no. / WZ no.*:..

Product Name	Quantity [pcs]	Serial Number (if any)	Reason for Return	Product Defects (check)**	Comments / Description of Defect**
				☐ Missing ☐ Damaged ☐ Dirty	
				☐ Missing ☐ Damaged ☐ Dirty	
				☐ Missing ☐ Damaged ☐ Dirty	
				☐ Missing ☐ Damaged ☐ Dirty	
				☐ Missing ☐ Damaged ☐ Dirty	

Description of further procedure:
....
....
....

....
Signature of the person returning the goods
(legible Name and Surname)

....
Signature of the person receiving the goods
(legible Name and Surname)

Complaint acceptance/return protocol
*cross out what is not necessary
**filled in by the person accepting