

COMPLAINT FORM

.....
First name

.....
Last name

.....
Phone number

.....
Email address

.....
Bank account number

Order details

.....
Order date

.....
Order number

.....
.....
.....
Description of the non-conformity

Claimant's request (select one option)

- 1. Replacement of the product with a defect-free one**
- 2. Refund of funds**

Return address for the complained product:

JSCREATOR

ul. Radosna 28

63-900 Rawicz, Polska

e-mail: sklep@jscreator.pl

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Date and Buyer's signature

Online store operating at: <https://www.jscreator.pl>

Registered office in Rawicz (63-900) , Radosna 28; Tax ID: 6961597700, Business ID: 300743714