

_____ (place, date)

WARRANTY FORM:

Customer information(fills in the customer)	Warranty information	
Full name: Address:	Complaint number (fills the seller):	
Telephone number:	Customer request	
E-mail address:		Repair <input type="checkbox"/>
Bank account/SWIFT code:		Replacement <input type="checkbox"/>
.....	Price reduction <input type="checkbox"/>	
.....	Cash refund <input type="checkbox"/>	

Product (fills in the customer):

Product name:

Serial numer (if it has):

The claimed defect:.....

Date and circumstance of the defect:

Order number / proof of sale:

Customer signature:

Date of adoption:	
Decision:	
Date of shipment:	

MJST Sp. z o.o.

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