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| **ZGŁOSZENIE REKLAMACYJNE** | | | | | | | |  |  |  |
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| Data zgłoszenia: | | |  |  | | | |  |  |  |
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| **KLIENT** | | | |  | | | |  |  |  |
| Nazwa firmy\*: | | | |  | | | |  |  |  |
|  | | | |  |  |  |
| Adres\*: | | | | Adres wysyłkowy\*: | | | | | | |
|
| Kod pocztowy\*: | | Miejscowość\*: | |  | | | |  |  |  |
|  | | | |  |  |  |
| NIP: | | | |  | | | |  |  |  |
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| Nr telefonu i nazwisko osoby kontaktowej\*: | | | |  | | | |  |  |  |
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| **PRODUKT** | | | |  | | | |  |  |  |
| Nazwa produktu\*: | | | |  | | | |  |  |  |
|  | | | |  |  |  |
| Indeks\*: | | | |  | | | |  |  |  |
|  | | | |  |  |  |
| Liczba sztuk\*: | Nr seryjny: | | |  | | | |  |  |  |
|  | | | |  |  |  |
| Data zakupu\*: | | | |  | | | |  |  |  |
|  | | | |  |  |  |
| Nr faktury / paragonu\*: | | | |  | | | |  |  |  |
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| Opis uszkodzenia\*: | | | | | | | |  |  |  |
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| Oczekiwanie co do sposobu załatwienia zgłoszenia\*:   * wymiana towaru * naprawa * zwrot gotówki * przegląd | | | |  |  |  |
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| Uwagi dodatkowe: | | | |  |  |  |
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| \* pole wymagane | |  |  |  | | | |  |  |  |