

CUSTOMER COMPLAINT FORM

Name: _____

Address: _____

E-mail: _____

Phone number: _____

Bank account number: _____

IBAN: _____

Date of order: _____

Order number: _____

Product name: _____

Reason for complaint: _____

Send this completed form to complaintszizer@gmail.com. If you want to claim more than one product, please fill in this form for each product separately.

For more information, please visit www.zizer.pl

Name: _____

Date: _____

Signature: _____