COMPLAINT FORM

biuro@ttpack.com.pl
www.ttpack.com.pl
+48 515 402 118

COMPANY NAME	
TAX NUMBER	
ADDRESS	
INVOICE NUMBER	
PHONE NUMBER	
E-MAIL ADDRESS	

FAULTY PRODUCTS

PRODUCT NAME/ REFERENCE NUMBER	QUANTITY	REASON

☐ I would like to receive a new product
☐ I would like to receive a refund

BANK ACCOUNT NUMBER FOR REFUND:

BANK NAME	

I declare that I know the terms of withdrawal from the contract set out in the Terms&Conditions of the TTpack Online Store

….....
signature

RETURN ADDRESS:
Ttpack Sp. z o.o.
ul. Cisowa 65
43-440 Cisownica

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