

COMPLAINT / WARRANTY CLAIM FORM

(Fill out and send this form only if you wish to make a complaint or claim a warranty)

business name: Ing. Adrián Vörös
registered address: Nam. Hraniciarov 8/A, 85103 Bratislava
Company Identification Number (CID): 57177210
Taxpayer identification number (TIN): 1084571807
registered in: Trade Register of the District Office Bratislava, No. 110-358291
e-mail: **info@compoacc.com**
web: <https://shop.compoacc.com>
customer service: info@compoacc.com

IBAN: SK34 0900 0000 0052 3817 4185
Email: info@compoacc.com
Tel.: +421948099721
Web: <https://shop.compoacc.com>

Consumer:

Name and surname:
Address:
Tel. no: email:
IBAN Account no.:
Order and Invoice Number:
Order date:
Date of Receipt of Goods:

As a customer of the Merchant, I request that my complaint be handled in the following manner:

.....

Description of the defect:

.....

.....

Date

Consumer's signature(s)
(only if this form is submitted on paper)