Complaint protocol

....
Application No. (completed by Imperoll)

....

....
Place, date

....
Applicant

....
Imperoll Sales Invoice No.

....
Tax Identification Number

....
Order number assigned by Imperoll (ZK number, Proforma number)

Description of the advertised products:

1. Please select the appropriate system.

WW		B49		PRESTIGE UNI PCV SPATIAL		ALUMINUM BLIND 25mm	
MINI		B9		PRESTIGE ALU		ALUMINUM BLIND 50mm	
MINI LUX		B39		PRESTIGE SPATIAL ALU		WOODEN BLIND 25mm	
B1		B5		PRESTIGE UNI ALU		WOODEN BLIND 50mm	
B3 MINI		B7		PRESTIGE UNI ALU SPATIAL		BAMBOO BLIND 25mm	
WW MG		PRESTIGE PCV		B11		BAMBOO BLIND 50mm	
B27		PRESTIGE PCV XL		DEKOLUX ROOF		PLEATED BLIND VARIANT IV	
B50		PRESTIGE SPATIAL PCV		SKYLIGHT SIMPLE		PLEATED BLIND VARIANT IV ROOF	
B9MINI		PRESTIGE UNI PCV		VERTIKAL		PLEATED BLIND PERO	

2. Dimensions of the advertised products.

QUANTITY		REASON FOR THE ADVERTISED PRODUCT
WIDTH		
HEIGHT		
FABRIC		

QUANTITY		REASON FOR THE ADVERTISED PRODUCT
WIDTH		
HEIGHT		
FABRIC		

QUANTITY		REASON FOR THE ADVERTISED PRODUCT
WIDTH		
HEIGHT		
FABRIC		

QUANTITY		REASON FOR THE ADVERTISED PRODUCT
WIDTH		
HEIGHT		
FABRIC		

3. Buyer's Requests.

I HAVE READ THE REGULATIONS FOR THE PROVISION OF SERVICES AND CUSTOMER SERVICE AT IMPEROLL sp. z o.o.

....
Signature of the person filing the complaint

IMPEROLL®