

Complaint form

FIRST NAME:

LAST NAME:

PHONE:

ORDER NUMBER:

DELIVERY DATE:

DELIVERY ADDRESS:

ADEZZ B.V.
Frontstraat 3A
5405 AK Uden
Netherlands

For efficient processing of your request, please provide:

- A copy of the invoice
- Photos of the product
- Send the fully completed form to customersupport@adezz.uk and return the products to our delivery address with the carrier's return label.

QUANTITY	ARTICLE REFERENCE	REASON FOR COMPLAINT

SIGNED:

ENTREPRENEUR: ADEZZ B.V.

DATE:

SIGNED:

DATE: