

Complaint form

FIRST NAME:
.....

LAST NAME:
.....

PHONE:
.....

ORDER NUMBER:
.....

DELIVERY DATE:
.....

DELIVERY ADDRESS:

FURNS B.V.
Liessentstraat 4
5405 AG 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 **info@furns.com** and return the products to our delivery address with the carrier's return label.

QUANTITY	ARTICLE REFERENCE	REASON FOR COMPLAINT

SIGNED:
.....

ENTREPRENEUR: FURNS B.V.
.....

DATE:
.....

SIGNED:
.....

DATE:
.....