COMPLAINT / RETURN FORM



Company name:					DESIGN TO GIVE
First name:					
Surname:					
Telephone:			Deliv	ery address:	ADEZZ B.V.
Order number:					Frontstraat 3B 5405 AK Uden
Delivery date:					The Netherlands
 A copy of the involved Photos of the prolification E-mail the fully control We cannot credit any Complaint Supplied product Delivered faulty on Defective within volved Within 14 calenda Customer arrange If received by us with the Products marked Exchange Within 14 calenda 	thing without a / number differs or damaged, notify avarranty period - are transport, in or without damage, without damage, with an asterisk of the deliver days after deliver days days after deliver days days days days days days days days	ginal packaging, himself you will receive a credit invoice annot be returned ry	this form with the to via email and toget ry nps 2 years - LED lig	o be returned p	eturned product.
		himself in original packaging, lamage in original packaging,		llects the new p	roducts
Article number	Quantit	у	Reason co	omplaint/return	
Client:			Contractor: ADEZZ B.V.		
Signed:			Signed:		
Date:			Date:		

RETURNS WILL ONLY BE ACCEPTED IN ORIGINAL PACKING SUCH AS DELIVERED: SECURED ON PALLET - PACKED IN PROTECTIVE MATERIAL - IN BOX SUPPLIED