

CLAIM NUMBER	ISSUED DATE

PRODUCENT PROFILI Z TWORZYW SZTUCZNYCH



## CLAIM'S PROCESS CARD

I. Data regarding the receipt of the claim		
Customer name /id number		
Customer	Name and surname	
	E-mail/phone	
Thermoplast	Name and surname	Magdalena Marcinkowska
	E-mail/phone	claims@thermoplast.com.pl +48 538 632 922
Part number		
Item/part name		
Invoice number		
Purchase date		
Quantity rejected		
Subject of the claim / description of the problem		
*Please use the many details in the description of the problem, why is it the problem (visual, function or dimension problem), when and where happened, the packaging was original. Please attached the photo of the claimed part in the jpg format.		
Expectation of the customer		
II. Analysis claim in the Thermoplast and proposal of action		Status
		<input type="checkbox"/> claim accepted <input type="checkbox"/> claim refuse

\* Terms and conditions of sale and deliveries for Thermoplast products are governed by general conditions for sale and deliveries available at [www.thermoplast.eu/download](http://www.thermoplast.eu/download)