Coframa Sp. z o. o.

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Complaint card

The person submitting the complaint is asked to fill all the fields, sign it and return to the following address: serwis@coframa.pl

1. Customer data	
Company name	
First and last name	
	City
	,
	The date of filing the complaint
2. Information about the s	
2. Illioiniation about the 3	abject of the complaint
Device name	
	Serial number
	Invoice number
Name of the distributor (company selling the device)	
3. Description of the defe	ct / reason for the complaint *
	*please provide a detailed description and attach photos or videos
Please be advised that the warranty doesn't cover mechanical damage and breakdowns caused by incorrect operation. Devices or reports that go to us without a description of the defect will not be accepted for complaints.	

Signature of the complainant