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COMPLAINT FORM

Complete customer

Company: **Name:**
Address: **Tel./e-mail:**

Defective goods

Type:
Quantity:
Serial Number:
Invoice No.:

Request repair: *guarantee* *after guarantee*

Description of fault:
(Without an exact description of the fault cannot register your complaint)

Statement:
By signing, I agree to the takeover of the expertise and also the fact that I will be charged for the costs associated with the repair or replacement of the goods, if the defect is caused by improper handling or goods will be out of warranty. At the same time undertake to reimburse the contractor for any costs associated with the processing of claims in the event that the goods are claimed improperly. The minimum fee is unjustified claim 20, - Eur without VAT.

Place: dated:

Signature of the customer: For EMAC s.r.o. took:

Completed by the technician

Description of fault after inspection:

Signature if the technician: dated:

Settle of complaint:

guarantee *repair* *after guarantee* *invoiced repair*
 exchange *repair is not possible*.....
 credit note

Complaint gavel: dated: