

Date: _____



CUSTOMER CLAIM FORM

From:

Name of company	
Address	
Phone No.	
E-mail	

To:

BEE-LIGHT Solutions sp. z o.o

26A Belgijska Street 91-180 Łódź

Phone: +48 797 696 880

e-mail : kontakt@bee-light.pl

Following Claim refers to goods purchased in BEE-LIGHT SOLUTIONS sp. z o.o. on the basis on:

Invoice No		dated on	
Trade Name			
Warranty Period			
Quantity of Claimed Goods			
Description of Failure:			
Luminary sent to service (mark 'X')			
source:		brackets:	other:

Prepared by (Customer)		Accepted by(BEE-LIGHT SOLUTIONS sp. z o.o.)	
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Notes:

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