



PLANE CENTER

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City and Date

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Consumer Name and Address

Plane Center
ul. Panewnicka 343a
40-773 Katowice
POLAND

CLAIM FORM

I. Claimant's Information Full Name (Company):

Address:

Phone: E-mail:

II. Purchased Product Details Order/Invoice/Purchase Receipt Number:

Date of Product Purchase: Date of Product Receipt by

Claimant: Product Name: Product

Price:

III. Reported Defect Information Date of Defect Discovery by Claimant:

Date of Reporting the Defect to Seller:

Description of the Defect:

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IV. Claimant's Expectations upon Acceptance of the Claim

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Signature