



COMPLAINT FORM

NAME:.....
ORDER NUMBER:.....
CONTACT PHONE/EMAIL:.....
ADDRESS:.....
DATE OF PURCHASE:.....

PRODUCT:.....
COLOR:.....
SIZE:.....

DEFECT DESCRIPTION / REASON OF COMPLAINT:

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THE PRODUCT WITH THE COMPLETED FORM PLEASE SEND TO:
MUUV. UL. JULIANOWSKA 61
05-500 JÓZEFOSŁAW, POLAND
ALTMASER LOGISTYKA (HANGAR 9)

THE COMPLAINT WILL BE REVIEWED WITHIN 14 DAYS FROM RECEIVING THE PRODUCT. YOU WILL BE NOTIFIED BY E-MAIL OR BY PHONE ABOUT THE DECISION.

POLICY DETAILS AVAILABLE AT WWW.MUUVAPPAREL.COM

DATE & SIGNATURE:.....