



GUN METAL BULLETS

COMPLAINT WITHDRAWAL FORM

Name:
Address:
Tel. no.:
Order date:
Invoice / receipt no.:
Bank name:
Bank account no.:

WITHDRAWAL

I hereby inform about my withdrawal from the sales agreement for the following product(s):

Ord. No.	Product name	Quantity
1		
2		
3		

COMPLAINT

I hereby submit a complaint regarding the following product(s):

Ord. No.	Product name	Quantity
1		

Reason for complaint:

.....

Detailed description of product defects:

.....
.....
.....

Date and signature.....

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