

# COMPLAINTS PROTOCOL

(to be filled in by the customer)

**Buyer's company/name and address:**

**Contact person:**

**Phone/Fax:**

**Mobile:**

**E-mail:**

**ID:**

**Number of packages:**

**Return address for sending goods:**

(If it is the same as above, do not fill in!)

**Weight:**

**Time limit for collection:**

**Assigned sales representative:**

**Comment:**

Product name (type) / EAN	Fault description	Quantity

**Arrange for collection of the complaint:** YES

**Suggested method of resolving the complaint:**

When sending the goods, the buyer is obliged to properly pack them in suitable packaging to prevent damage or destruction. Send the complaint to the following address: **BCMAX, s.r.o., Říční 974/2, 739 32 Vratimov**. Send the completed complaint protocol to e-mail: **fakturace2@bcmx.cz**. The buyer will be informed of the receipt of the complaint by e-mail. Your complaint will be handled in accordance with applicable legal regulations no later than **30 days from its submission**.

**Date:** \_\_\_\_\_

**Buyer's signature:** \_\_\_\_\_