

	<b>CUSTOMER CLAIM FORM</b>	DATE

Claim registered in w IMPULS IT System No.	
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FROM		TO
NAME OF COMPANY		Luxiona Poland S.A  Jacentów 167, 27-580 Sadowie  phone.: 015/ 868 40 78 868 40 79 fax.: 015/ 868 40 82  e-mail: <a href="mailto:kontrola@luxiona.com">kontrola@luxiona.com</a>
Addres		
Phone No.		
E-mail		

Following Claim refers to goods purchased in Luxiona Poland S.A. 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	
Prepared by: (Klient)			Accepted by (Luxiona Poland S.A.)

Notes