

CLIENT RETURNING PRODUCT

Name .....  
Address, tel. ....  
.....  
.....

PRZYJMUJĄCY REKLAMACJĘ

Transit Center  
Pędzewo  
87-134 Zławieś Wielka

Location ..... date .....

RETURN FORM ID .....

1. Product name : .....  
Quantity : .....

2. Car specification: .....  
model ..... production year .....  
.....  
chassis number .....

3. Date : .....  
of part installation ..... of removing the part from car .....

4. Mileage: .....  
during part installation ..... after removing the part from car .....

5. Parts installed by:  
 client  workshop  
.....  
workshop seal and date .....

6. Defect noticed by:  
 client  workshop  
 during exploitation  before installation  during installation  after collision

7. Why part is returned (precise description of defect): .....  
.....  
.....  
.....

8. Who removed the part from car:  
 client  workshop

.....  
client signature