

MUSSO

CLAIM FORM

NAME AND SURNAME*

ADDRESS*

CONTACT PHONE*

E-MAIL*

ORDER NUMBER*

DATE OF PURCHASE*

PRODUCT NAME*

DATE OF COMPLAINT NOTIFICATION*

DETAILED DESCRIPTION OF THE DISCREPANCY BETWEEN THE PRODUCT AND THE ORDER*

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.....

WHEN (DATE) AND UNDER WHAT CIRCUMSTANCES WERE THE DEFECTS DISCOVERED*

.....
.....

REQUESTED RESOLUTION*

*to be filled out by the customer lodging the complaint

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Signature of the complainant