

COMPLAINT FORM

The date of the goods receipt:

Manufacturer and model of crank arm:

POWERCANK CUSTOM / POWERANK READY (delete as appropriate)

PRODUCT SERIAL NUMBER [SN] (located on a sticker or card attached to the meter):

Customer name and surname:

Street:

Zip code, city:

Phone:

Delivery address (if different than given above):

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Date of finding the fault / defect:

Description of the fault / defect:

The item subject to a warranty claim should be sent along with a copy of the sales document, and this form to the following address:

INPEAK S.C.
Lotnicza 139
54-132 Wrocław
POLAND

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Signature