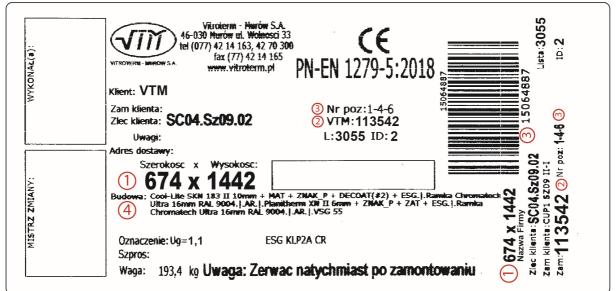


ul. Wolności 33, 46-030 Murów tel. +48 77 42 70 300 fax. +48 77 42 14 165 www.vitroterm.pl

Complaint to Vitroterm-Murów S.A.			
Date of filing the complaint:			
Name of the company submitting the complaint, address:			
The basic product data to be provided below	w can be found on the label, glass spa	cer, invoice and delivery documents.	
Dimensions (width x height)(1):			
VTM order number (2) :			
Item number or glass number located under the barcode (if a label is available)(3):			
Glass structure, glass type(4):			
Production date (located on the spacer frame.)			
Description of the defect: Please indicate the non-co on the glass and type of non-compliance with the sta		der (provide: size, type of defect, its loca	ation
Total number of defective pieces:		Is the glass installed:	
	pcs.		Y / N
Where can the glass/windows be inspected? Address for inspection + telephone number of contact person:			
Person filing the complaint : Name, surname, telephone number, e-mail address:			
Each complained glass should have photographic documentat https://www.vitroterm.pl/do-pobrania/	ion. Instructions for photographing g	lass defects are available on the website	
Below, please indicate the expected form of handlin Vitroterm-Murów SA)	g the complaint (in accordance w	vith the Commercial Terms and Conditio	ns of
I am ordering the complained glass for a fee, without waiting for the complaint to be verified - if the complaint is accepted, please issue a correction to the invoice *			
Please consider the complaint, and if it is accepted, please provide a new glass free from defects *			
Please consider the complaint, and if approved, please do not make a new glass - please correct the invoice *			

\* Please mark the appropriate box with an "X".

## Important data for filing a complaint can be found on the glass label



If you do not have a label, you will find the glass data on the spacer frame

