

Aroma Trend
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Customer's stamp

COMPLAINT NOTE

Nr

Date

Distributor						Aroma Trend		
Lp.	Nr of document	Article	quantity	A.reason of complaint (*)	B. Proposed method of resolving complaint (*)	serial number and date (ex. 101 03.2023)	method of resolving/ number of correction document	responsible person
1								
2								
3								
4								
5								
6								

A. Reason of complaint(*)

1. Goods not delivered, indicated on the document
2. Goods delivered, not ordered, indicated on the document.
3. Goods delivered, not indicated on the document.
4. Goods delivered, damaged/incomplete/poor quality **
5. Price/Discount ** inconsistent with order
6. Others (indicate) :

Note: Quality claims to be accepted only by Aroma Trend.

Distributor's signature

Signature of Aroma Trend representative

B. Proposed method of resolving claim (*)

1. Correction document
2. Replacement in the next delivery
3. To be supplied with the next delivery
4. Return
5. receipt of goods/document
6. Receipt of goods/correction document

* mark and write the number in the appropriate column.

** delete inappropriate