

Selec Sp. z o.o.
ul. Augustowska 72/5
54-112 Wrocław
Poland
VAT: PL8943176248
www.selec.pro



RMA COMPLAINT FORM

RMA Number (SELEC use only):

1. CUSTOMER INFORMATION

Customer name:

Address:

Contact person:

Phone:

Email:

VAT ID:

2. SELEC ORDER DETAILS

SELEC Proforma Number:

SELEC Invoice Number:

Purchase Date:

3. PRODUCT DETAILS

EAN	Product name	Qty
-----	--------------	-----

4. REASON FOR CLAIM

5. EXPECTED SOLUTION

Replacement

Repair

Refund

Other

6. RETURN PACKAGE CONTENT (fill if applicable)

7. DATE:

INSTRUCTIONS FOR CUSTOMER

Please attach a scan of serial numbers or IMEI numbers, if applicable.

Every return is first verified against our internal scans,
and then undergoes quality and quantity inspection.

Please send the completed form to: reklamacje@selec.pro.

Issuing an RMA number means that your claim has been accepted.

Without following this procedure, no claim will be processed.

ADRES ZWROTU / RETURN ADDRESS

Selec Sp. z o.o.

Kwiatkowskiego 8C / 3rd Floor

54-207 Wrocław

reklamacje@selec.pro

