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COMPLAINT FORM

Customer name	Customer e-mail contact
Euromakeup sales contact	
Complaint recording date	Date of receipt of goods
Delivery note (DDT)	Sales order
Delivery date of samples (minimum 10 samples)	
Production lot	Item code concerned
Item description	
Delivered quantity	Quantity of defected items
Problem description	
Quality control done upon receipt of the goods	YES NO
Type of control done	
Quantity of checked pieces	
Customer's request	

To be attached to the complaint form:

- picture of carton box label
- picture of pallet label
- product material composition description and product sample (together with the samples if necessary)

Pls send samples together with a copy of this complaint form to the following address:

Ufficio Qualità Euromakeup s.r.l. - Via Mario Pagano, 59 - 20090 Trezzano s/N (MI) - Italy

Euromakeup s.r.l.

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