# QUALITY TICKET NOTIFICATION FORM

Order number: .....
Your name: .....
Date of receipt: ….....

| **Refund** (Please fill the details) | | |
|---|---|---|
| **Product number** | **Size** | **Colour** |
| | | |
| | | |
| | | |
| | | |

Detailed description of product defect:

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.....
.....
.....
.....

Customer Signature Date:

…….. ……