SIGMA-ELEKTRO GmbH
Dr.-Julius-Leber-Straße 15
D-67433 Neustadt

RETAILTRADE COMPLAINT

Date _____ Phone _____

Company name _____ Email _____

Contact person _____ Street No. _____

Postcode, Town _____

Please note that complaints can only be processed with a copy of the proof of purchase

Product name	Error Description	Commission	Deposit	Single item / SET
				○
				○
				○
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