

PROCES VERBAL

NUME SI PRENUME CLIENT

ADRESA

TEL:..... EMAIL:.....

BON FISCAL/FACTURA :..... DATA.....

DEFECT RECLAMAT CLIENT.....

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CONSTATARI SERVICE:

.....

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MASURI :.....

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TERMEN SOLUTIONARE MAXIM 15 ZILE CALENDARISTICE.

AM PREDAT AZI:

AM PRIMIT AZI:

CLIENT:

S.C.VAPERSON S.R.L

SEMNATURA:

SEMNATURA: