**Customer**

Name

ID

**From**

ID

Type

הגורם המטפל

**Purchase**

ProductID

Shop

Cost

CustomerID

Date

Time

**Product**

Name

ID

PurchasedDate

CompanyName

Certification

Model

Type (service)

ProductionDate

**Complaint**

CustomerID

FormID

Date

ProductID

CompanyName

**Company**

Name

ID

Area