Product Return Form

ORDER NUMBER:		
NAME AND SURNAME:		
ADRES:		
PHONE: EMAIL:		
PRODUCT NAME	QUANTITY	REASON FOR RETURN
Customer Remarks:		
I am aware of the return conditions specified requirement to attach this form and the originssued in connection with the sale of the return conditions.	inal sales docui	ment (receipt or VAT invoice)
(date and legible signature of the Customer	······································	