

RETURN FORM

Please fill out this form when returning a product.

Order Number: _____

Name: _____

Address: _____

Postcode and City: _____

E-mail: _____

Returned product(s) (please also enter product number):

_____	_____
_____	_____
_____	_____
_____	_____

Reason for return (please only choose one):

Changed my mind

Faulty product

Other reason

Additional explanation: _____

Signature:

Date:

_____ / _____ - _____