…………………………………………..………………………….

(the date)

…………………….………………………………………………..

(the order number you are returning)

………………………………………………………………………..

(name and surname)

………………………………………………………………………..

(e-mail address the same as the one provided when placing the order)

………………………………………………………………………

………………………………………………………………………

(postal address)

RETURN / WITHDRAWAL FORM

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Product Name | Price | Number of pieces | Inovice number | Invoice date |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Please send payment for the returned goods to account no.

……………………………………………………………………………………………………………………………………………………………

In the bank …………………………………………………………………………………………….……., owned by

………….………………………………………………………………………………………………………………………….……………………

……………………………………..……………………………………

(customer signature)

*Please fill in all fields correctly.*