
RETURN FORM

First / Last Name: _____

Order Number: _____

Date of receipt: _____

Product Code (SKU): _____ Qty: _____ Price: _____

Product Code (SKU): _____ Qty: _____ Price: _____

Product Code (SKU): _____ Qty: _____ Price: _____

Product Code (SKU): _____ Qty: _____ Price: _____

Product Code (SKU): _____ Qty: _____ Price: _____

Reason to return: _____

Bank account (to recover amounts due)

IBAN: _____

BIC: _____ Account holder: _____

Date: _____

Signature: _____