RETURN FORM

Customer First and Last Name:

Order Number:

Order Date:

Refund Request Date:

IBAN (in case of cash on delivery payment):

Product Name	Quantity Purchased	Quantity Returned	Reason for Return*

*Reason for return:
1) (001) Wrong item delivered;
2) (002) Ordering error;
3) (003) Other – please specify the reason.

Customer Signature: