



RETURN OF GOODS FORM

ORDER NUMBER	
ORDER DATE	
INVOICE NUMBER	
FIRST AND LAST NAME	
ADDRESS	
POSTAL CODE	
CITY	
PHONE	
E-MAIL	
ACCOUNT NUMBER	
NAME OF BANK	
NOTES	

I request to return the amount paid to my bank account. I declare that I am aware of the terms and conditions for returning the goods as specified in the Terms and Conditions of the store.

.....

(DATE)

.....

(LEGIBLE SIGNATURE OF THE CUSTOMER)