

RETURN/EXCHANGE FORM

INVOICE / RECEIPT NUMBER:FULL NAME:ADDRESS:			DATE:
TELEPHONE: EMAIL: * Please fill the form in capital letters			
Please return the full amount to the bank account: (refund is only possible to the Customer's bank account)			
Bank:		Account-No.	:
IBAN:		BIC:	
PRODUCT NAME	AMOUNT	GROSS PRICE	RETURN REASON
Remarks: I hereby declare that I've read and understand the return/exchange conditions mentioned in the shop regulations.			
			(legible signature of the client)