

# Return form

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Please return this page together **with an invoice copy!**      **Order or invoice number:** .....

**Please note that without specifying a reason for return, the processing will not be possible. Please mark your reason of return (multiple selections are possible):**

Returned items

Pcs.	Item number	Reason of return						
		Defect	Do no like	Wrong item shipped	Wrong order	Dual delivery	Refund - within 14 days	Replacement
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Only for warranty cases - please describe the reason (or for other messages):**

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**Delivery address (only by repair or replacement of item)**

**Name** .....

**Street** .....

**ZipCode**..... **Place** .....

**Bank account for refund (only for cash in advance payment):**

**Depositor Name:**.....

**IBAN:** ..... **BIC:** .....