

Date

(dd-mm-jjjj)

Retour-form

If you wish to make use of your right to return, please fill in the information below as completely as possible.

1. CUSTOMER DATA

Clientnumber			
Name			
Adress			
Zipp code		Country	
Phone			
E-mail			
IBAN			
Bank			

2. ORDER DATA

Invoice number	
Order number	
Order date	

3. RETOUR OPTION (a.u.b. fill in with "X" which is applicable)

I wish to return my overall order (Right of withdrawal). Continue with step 5 .	<input type="checkbox"/>
I only want to return a part of my order. Continue with step 4 .	<input type="checkbox"/>

4. ARTICLE DATA

Fill in the details of all items that you return.

Product number	
Quantity	
Product description	

4. ARTICLE DATA

Reason retour <i>(not required)</i>	
Product number	
Quantity	
Product description	
Reason retour <i>(not required)</i>	
Product number	
Quantity	
Product description	
Reason retour <i>(not required)</i>	
Product number	
Quantity	
Product description	
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Quantity	
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Quantity	
Product description	
Reason retour <i>(not required)</i>	
Product number	
Quantity	
Product description	
Reason retour <i>(not required)</i>	

5. REASON RETOUR *(a.u.b. fill in with "X" which is applicable)*

The product doesn't fit.	<input type="checkbox"/>
The product is damaged.	<input type="checkbox"/>
A different item was delivered than I had ordered.	<input type="checkbox"/>
The product is not complete.	<input type="checkbox"/>
The product does not meet my expectations.	<input type="checkbox"/>
Otherwise, namely:	<input type="checkbox"/>

FILLED IN BY SEABASSJUNKY

Date of return receipt	
In good order	
Date refund	
On IBAN	
Handled by	