RETURN

ODER NUMBER: ..... ORDER DATE:: .....

INVOICE NUMBER: .....

NAME & SURNAME: .....

ADRESS: .....

.....

PHONE NYMBER: .....
EMAIL: .....

PLEASE RETURN MONEY TO THIS ACCOUNT:
(only Clients account)

NAME OF THE BANK.....

Account Number																								

PRODUCT	QUANTITY	PRICE	REASON

I declare that I am aware of the terms of returning the goods specified in the Regulations of the store.

.....
Signature