

# Return form

Only use this return form if you want to return your order within  
14 days after purchase

## Your information

Name: \_\_\_\_\_

Order number: \_\_\_\_\_

Order date: \_\_\_\_\_

Address: \_\_\_\_\_

ZIP code: \_\_\_\_\_

City: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email adres: \_\_\_\_\_

## Return Reason

Broken

I don't like it

Bad quality

Damaged

Long delivery time

Other:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Return address

GoSmooth  
Ir. Lelyweg 14H  
2031 CD Haarlem  
The Netherlands

**Fill in all fields of this form and  
include it with your return  
shipment**

