

B E D R A

V I N T A G E

RETURN FORM

Order number:

Date packet received:

Date return form submitted:

First name and surname :

E-mail address:

Phone number :

RETURNED ITEM NAME:	SIZE:	QUANTITY:	CODE:	COMMENT:

RETURNS CODE:

RETURNS			
CODE	DESCRIPTION	CODE	DESCRIPTION
11	withdrawal from the purchase	14	wrong size – too big
12	item not as expected	15	wrong size – too small
13	wrong item	16	other – specify

CONTACT

edra.vintage.help@gmail.com

You can find more information regarding returns on our website: www.bedravintage.com

I confirm that I have read and accept Return Policy as stated in Terms of Use / Regulations of the e-shop and I want withdraw from the sales contract:

.....

(legible signature of the client)

You need to sign the form with your full name and signature. You can send it to us by an email.