

YOUR  
NUMBER

ORDER

### 1.FILL IN THE FORM

Print the form and fill in all lines, describing what happened to the product or the reason for the return.

### 2.PACK YOUR RETURN

Make sure that the returned product is in the same condition in which it arrived to you and bears no signs of use. Place the return or claim form in the box or shipping envelope

### 3.SEND

Send the package to us by any courier or Polish Post to our address:

**THE ODDER SIDE**  
**44F Kopytów Street /**  
**PROCAN**  
**05-870 Kopytów**

### YOUR PERSONAL DATA

FIRST NAME

ADRES

ZIP CODE AND CITY

E-MAIL

PHONE NUMBER

### PAYMENT METHOD

PRZELEWY 24

KLARNA

PAYPAL

WIRE TRANSFER

Refunds will be made within 14 days from the date of delivery of the return package to our warehouses, using the same method by which payment was made.

### BANK ACCOUNT NO.

<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>
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### PRODUCTS

name                      quantity                      price

### RETURN / COMPLAINT

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

### REASON FOR RETURN / COMPLAINT

\_\_\_\_\_  
DATE & SIGNATURE