



## Return slip

**Sender details:**

Name:	Email:
Street:	Phone No.:
Postal code/place:	<b>Invoice No:</b>

➔ **Important:** The fastest possible processing will take place if you fill out this form completely. Enclose this form and a copy of your invoice with the return. **Please tick the appropriate box:**

- The return shipment contains the entire goods delivered with the above invoice.
- The return contains a part of the goods delivered with the above invoice.

Article description	Size	Colour	Quantity

**Please tick the appropriate reasons for complaint:**

- The return is due to a supplier error, because:**
  - Wrong item was delivered                       Goods were delivered twice.
  - Item is damaged. Please specify the type of damage: \_\_\_\_\_
  - other reason: \_\_\_\_\_

- There is no supplier error, reason for return:**
  - Item was ordered incorrectly                       Goods don't fit\*                       Goods don't like\*
  - \* Exchange for (another colour / size): \_\_\_\_\_
  - other reason: \_\_\_\_\_

Your remarks: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature