Withdrawal, refund, replacement form

with this form i the	· ·				
irst name*Last name*					
Email*Telephone*					
Resident in street/so		No			
ZIP Code*City*			Province*		
COUNTRY*					
Invoice No. *	Invoice	e date*			
	Ordered on* Received on *				
	A	SK FOR			
O PARTIAL OR TOT					
Articles to return	Article code	/	/	/	
quantity per a	rticle/	/	/		
Refund by Bank Train Bank Transfer)	nsfer (fill out only if $ $	payment is ma	de by Cash (On Delivery or	
IBAN _ _ _ _ _ BIC / SWIFT				_l_l	
Account holder First	nameLas	t name			
REPLACEMENT C	F ONE OR MORE AF	RTICLES			
Articles to return	Article code	/	/	/	
Davidasassith	quantity per artic	.re/	/		
Replace with		/	Size _		
In case of change to return.	the order total you		ed as soon a	as we receive the	
RETURN OF A MIREASON for the return					
I therefore ask for: Fill out the appropri refund/replacement		n your request		• • •	
Date					