

DEJAVU CARS

RETURNS FORM

Fill out the form below so that we can process your request as soon as possible.

The fields marked with * are mandatory.

CUSTOMER DATA

Company name	
Surname*	
First name*	
Phone number*	
Fax number	
E-Mail address*	
Bank	
IBAN*	
BIC/SWIFT	

ADDRESS DATA

Street*			
House number / addition *			
Post code / Place*			
Country*			

PRODUCT INFORMATION

Item name / Product name	Invoice number
Ordered on:	Received at:

NOTE / COMMENT

SIGNATURE

Date of the return:*

Signature from the customer:*

(only if this form is submitted on paper)

To be able to process your return quickly, we need:

- a copy of the invoice
- and this return form completely filled out.

Wir bitten Sie, Ihre Rücksendung so sorgfältig wie möglich, wenn möglich im Originalzustand, zu verpacken.
Sie können Ihre Rücksendung an die unten angegebene Adresse senden:

Dejavu Cars
Zeemanstraat 39
2991 XR Barendrecht (NL)