

RETURN/EXCHANGE FORM

Please include this form in your package

I WISH TO EXCHANGE RETURN

DATE:

NAME:

ORDER NUMBER:

STREET + NUMBER:

CITY:

POSTAL CODE:

TELEPHONE:

EMAIL:

REASON

EXCHANGE

	Item	Size		Item	Size
CHANGE	<input type="text"/>	<input type="text"/>	FOR	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>

RETURN

Item	Amount
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

After approval of the return shipment NV Marcel Liebaert will transfer the amount to your bank account.

Adres: Industrielaan 1, 9800 Deinze