

RETURN FORM

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ul. Kaskady 82B
40-748 Katowice

Please complete the missing fields to make a return.

ORDER NUMBER:

.....

ORDER DATE:

.....

NAME AND SURNAME:

.....

PHONE:

.....

ADDRESS:

.....

E-MAIL:

.....

**BANK NAME,
BANK ACCOUNT NUMBER:**

.....

.....

CUSTOMER COMMENTS:

.....

ARTICLE NAME	QUANTITY	REASON

I declare that I am familiar with the conditions for returning goods specified in the store's Regulations.

CUSTOMER SIGNATURE:

.....

MARTA
JEWELRY