RETURNS FORM

ORDER NUMBER : ..... ORDER DATE : .....

INVOICE / RECEIPT NUMBER: .....

NAME AND SURNAME: .....

ADDRESS:
.....
.....

TELEPHONE: .....
EMAIL:.....

Reason for return:
.....
.....
.....

ITEMS I WISH TO RETURN:

NAME	AMOUNT	PRICE (incl. VAT)

Customer comments: .....
.....

I declare that I am aware of the returns policy outlined in the vitkac.com regulations

.....
(legible customer signature)