FORM FOR RETURNING GOODS	FORM	FOR	RETU	RNING	GOODS
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Return number (fill e	-shop):			nt:
Order number: Invoice number: Date of purchase: Name and Surname Address				
Account number: E-mail address: Phone number:				
<u>Goods you are returning:</u> Product code		Product name	Size	Color
<u>Reason for returning th</u>	ne goods:			
Date:		Custome	r signature:	