

RETURN FORM

NAME AND SURNAME

ORDER NUMBER

PRODUCTS TO BE RETURNED

NAME OF THE PRODUCT

MOTIVE OF RETURN

ACCOUNT NUMBER AND ACCOUNT OWNER'S NAME

WHERE THE AMOUNT SHOULD BE DELIVERED

OTHER NOTES

ANY INFORMATION OR NOTE THAT HELPS US IMPROVE THE QUALITY OF OUR SERVICES AND THE SATISFACTION OF OUR CLIENTS

Your contact details:

Note:

- Return policy: 14 days after the reception of the product
- Return form to be sent to: e-mail: raktar@complexpress.hu
- Additional information: T: 06 1 203 4681

Place, Year Month Day

Signature