RETURN FORM

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

INVOICE NUMBER:…….....

NAME AND SURNAME:…….....

ADDRESS:.....

.....

PHONE NUMBER:..... E-MAIL ADDRESS:.....

Please refund the correct amount to the following bank account:

Bank account number																										

(refund payable only to the Customer's bank account)

Bank:.....

Name and Surname of the Account Holder:.....

PRODUCT NAME	QTY	PRICE

Customer's Additional Comments:

…….....

I declare that I am aware of the return policy specified in the Emkap 1926 Terms & Conditions.

.....

(Date and Customer's legible signature)