

Return

Please fill out this form and include it with your return shipment.

Details

Name:	Order number:
Adress:	Customer number:
Postcode:	IBAN:
Place:	Account holder name:
Phone:	Return date:
E-mail:	

Reason of return:

<input type="radio"/> Defect	<input type="radio"/> Delivered twice
<input type="radio"/> Received another item	<input type="radio"/> Does not meet expectations
<input type="radio"/> Transport damage	<input type="radio"/> Ordered incorrectly
<input type="radio"/> Other, namely:	

Return items:

Quantity	Article number	Description



SoulGems
Healing Brilliance