RETURN FORM

altergraf

Buyer:..

Address: ....

VAT Number: ....

Telephone: ....

E-mail: ....

Order date: ....

Invoice number: ....

Reason for return:...

Please return the money for the purchased goods to the given account number:

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	Product Code	Quantity	Price	Subtotal
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
TOTAL:				

I declare that I have read and agree to the return policy and accept the terms and conditions of the shop

_____

(Legible signature of the Customer)