Return Form

ORDER NUMBER:					•••••										
INVOICE / RECEIPT NUMBER:			•••••												
FIRST NAME AND LAST NAME:															
ADDRESS:				•••••	•••••	•••••	• • • • • • • • • • • • • • • • • • • •	•••••	•••••	•••••	•••••	•••••	•••••		
TELEPHONE:														••	
F	Refund to	the ba	nk acc	oun	t:										
(refun	d is possible (only to the	client's ba	ank ac	count)									
		Bank r	name												
								ı		-1	-		1		
		Bank acc	count nu	ımbe	r										
		Returne	d Prod	lucts											
PRODUCT NAME	Amount PRICE					REASON FOR RETURN									
COMMENTS:				•••••								•••••			
I declare that I know the terms of retur U. of 2002, No. 101, item 923 as am for t		ent to the p	rocessing	of my	person	nal dat								l	
				Date	and	legib	le si	gnatı	ıre o	f the	clier	nt			

The returned product, along with the completed return form, should be sent to the following address: 58 Jaurenicker Str., 02826 Görlitz, Germany, Phone no: +48 501 483 007, E-mail: info@coolfitness.eu