



RETURN FORM

Please fill in as completely as possible. Shipping costs related to return are for your own account.

Name:

Address:

Postal code + City:

Bank account number:

Order number:

Date of receipt:

E-mail:

Returned item(s):

Product(s)	Size	Quantity

Reason return:

Signature:

Date:

Package **INCLUDING THIS RETURN FORM** should be sent to:

De Boer Transport
t.a.v. Warehouse
Zuiddijk 12
1483 MA De Rijp
The Netherlands

Of course it is also possible to hand it in from Monday to Friday between 9:00 am and 4:00 pm.