

RETURN ORDER FORM

PURCHASER INFORMATIONS	
Full name	
Business name*	
Street address	
City/ State/ Zip	
E-mail	
Phone number	

*if applicable

ORDER INFORMATIONS	
Order number	
Order date	
Delivery date	

RETURN ITEM AND REASON	
Item number	
Reason for return	
Quantity	
Price	

RETURN TO	
Business name	WEGRIP s.r.o.
Street Address	Smrekova 5
City/ State/ Zip	Bernolakovo/ 900 27/ Slovakia