

RETURN FORM

Please complete this form in all its parts and place it inside the return package.

CUSTOMER DETAILS

Company name / First and Last name: _____

Country: _____

Phone: _____

E-mail: _____

ORDER DETAILS

Order date and number: _____

Invoice date and number: _____

DETAILS OF RETURNED ITEMS

OEM/AP Code	Quantity	Reason for Return ¹ (enter one of the options below)	Customer Request ² (enter one of the options below)

1 REASON FOR RETURN

- A) Item purchased by mistake
- B) Defective item
- C) Transport damage
- D) Item not compliant with the order
- E) Other (please specify): _____

2 CUSTOMER REQUEST

- A) Item replacement
- B) Refund
- C) Digital store credit (valid only for intra-EU countries)
- D) Other (please specify): _____

NOTES

