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RETURNS FORM

CONTACT

Company name <i>(Optional)</i>	
Customer number	
First name	
Surname	
Email address	
Phone number	
Postal code	
House Number	
Supplement	
Street	
City	
Country	
Bank account owner <i>(Optional)</i>	
IBAN <i>(Optional)</i>	
BIC <i>(Optional)</i>	

RETURN INFORMATION

Product name	
Product code <i>(Optional)</i>	
Amount	
Purchase date	
Serial number <i>(Optional)</i>	
Reason for return	
Remarks	