'PRODUCT RETURN Form' No..... (fills in Orimed)

City, date ……

ORDER NUMBER: ……. INVOICE/RECEIPT NUMBER: …….....….....

VIES															

NAME: ……

ADDRESS: ……

……

TELEPHONE: ……. EMAIL: ……

Please return the funds to the following bank account:
(refund is possible only to the Client's bank account)

name of the Bank: ……

Account number																										

L.P.	KOD PRODUCT (REF)	PRODUCT NAME	QUANTITY	REASON FOR REFUND

Customer expectation:

……

……

I declare that I am aware of the conditions for returning the goods specified in the Terms and Conditions of the store. I declare that the tools have not been used and the goods are of full value.

……
(legible signature of the customer)

Comments from an Orimed employee (LOT number):

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