

# Return Form



Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Tel. \_\_\_\_\_

Product \_\_\_\_\_

Item number (eBay) \_\_\_\_\_

Time of purchase/payment \_\_\_\_\_

Reason for return \_\_\_\_\_

\_\_\_\_\_

Additional comments \_\_\_\_\_

\_\_\_\_\_