

# RETURN FORM

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DATE: \_\_\_\_\_ ORDER NO.: \_\_\_\_\_ INVOICE NO.: \_\_\_\_\_

CUSTOMER NAME : \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

NO.	PRODUCT	SIZE	ITEM NUMBER

## REASONS OF RETURNING :

- ORDERED WRONG PRODUCT
- RECEIVED WRONG PRODUCT
- IF PRODUCT IS DAMAGED OR DEFECTIVE:
- REFUND THE PAYMENT
  - REPLACE DAMAGED/DEFECTIVE PRODUCT
- NOT THE RIGHT SIZE
- OTHER: \_\_\_\_\_

**PUT THE RETURN FORM AND A COPY OF THE INVOICE IN THE PARCEL.**

## RETURN ADDRESS:

PPUH SAXOS S.C.  
ELEKTRYKOW 4  
86-100 SWIECIE  
POLAND

SAXOS

FOLLOW US ON INSTAGRAM

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shop@saxos.eu

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