SERUM

RETURN FORM

ORDER NUMBER	
DATE OF ORDER	
FIRST AND LAST NAME	
ADDRESS	
PHONE NUMBER	
E-MAIL	

BANK ACCOUNT NUMBER

PRODUCT NAME	QUANTITY	PRICE	REASON FOR RETURN

CUSTOMER COMMENTS:

I declare that I am aware of the terms and conditions for returning the goods as specified in the Terms and Conditions of the Store.

Customer's legible signature