SAPALA

Return form

INVOICE/RECEIPT NUMBER: .....

FIRST&LASTNAME: .....

COMPANY/VAT NR: .....

ADRESS: .....

MOBILE: ..... EMAIL: .....

TRADESMAN (optional): .....

I request refund of funds to the account :
(Funds can only be refunded to the customer's account)

Bank name: .....

Account Number																										

ITEM NAME	QUANTITY	GROSS PRICE	CAUSE OF RETURN

Client's input: .....

.....

I declare that I am familiar with the terms and conditions for returning goods specified in the store's Terms and Conditions..

....

(date) (legible signature of the Customer)