

# SUAVA

DATE: \_\_\_\_\_

RETURN FORM	
COMPLAINT FORM	

tick the appropriate box

I, the undersigned, hereby inform about my withdrawal from the sales contract.

NAME AND SURNAME: \_\_\_\_\_

ORDER NO.: \_\_\_\_\_

REASON FOR:

RETURN FORM	
COMPLAINT FORM	

tick the appropriate box

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**IMPORTANT! (IN CASE OF RETURN)**

**The returned product must have both tags, originally attached. The product cannot have any traces of use (dirt, stains, smells and it cannot be washed).**

**Otherwise, the return will not be accepted.**

In the event of a positive consideration of the return / complaint, the amount due will be returned in the same form of payment as it was used for the purchase. Within up to 14 days, depending on the bank.

no.	EXACT NAME ( PRODUCT NUMBER)	COLOR	SIZE	PRICE	DATE OF PURCHASE

RETURN ADDRESS:

SUAVA – RETURN / COMPLAINT

st. Herbariums 5

63-000 Sroda Wielkopolska

SIGNATURE: \_\_\_\_\_