

RETURN FORM

uyer's name:uyer's address:	
hone:E-mail:	
urchase date:	
AT invoice no.:	
Index of returned product/s:	
	pcs_
	pcs_
	pcs_ pcs
	pcs_ pcs
	pcspcs_
	pcs
	pcs
	pcs _
Cause of return (select as approp	oriate) :
error in order / client's	
resignation Other – please specify:	
Other – please specify.	

Terms and conditions stipulated in the *Return Regulations*, available at www.weba.com.pl and from a trade consultant, shall apply for returns of full value products.

> Please make returns to: Grupa Weba sp. z o.o. ul. Krańcowa 24, 61-037 Poznań, Poland

Date, signature:	