



LAZOET

RETURN FORM

Order ID	
Order Date	
Delivery Date	
Name	
E-mail	
Tel. number	
Adress	
Price	
Account Number	IBAN:

Product	Colour	Quantity	Price

Reason:

RETURNS ADRESS:

Klaudia Sumegová
Štefanov 24, 02744 Tvrdošín
Slovak republic

.....
Date and Signature