

RETURN FORM

Customer details:

Company name*	Order number*	(ex. 16/D123)
Address	Contact person	
City	Client number	
Phone #	Invoice number	

*Required					
Return reason:					
Wrong item received Wr		rong item ordered	Damaged in shipping	Other (explain)	
Comments:					
Product discription:					
Qty Item number	Discrip	otion		Price	
		(to be filled in by Hessels	Zeefbanden)		
Return address:		Retour nummer:			

Hessels Zeefbanden T.a.v. Retouren Halteweg 10 NL-9677 RH Heiligerlee

()
Retour nummer:
Beoordeeld door:
Opmerkingen:

(Date and Signature)