

RETURN FORM

Customer details:

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

Phone	#		10	ivoice number					
*Required									
Return reason:									
		Wr	ong item ordered	Damaged in s	Damaged in shipping		Other (explain)		
Comments:									
3011111	<u></u>								
Product discription:									
Qty Item number Discrip		tion				Price			
	(to be filled in by Hessels Zeefbanden)								
Return address:		Retour nummer:							
Hessels Zeefbanden		Beoordeeld door:							
T.a.v. Retouren									
Lutkelant 1		Opmerkingen:							
NL-9679VE Scheemda									
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(Date and Signature)