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**E-store www.tonuselast.com**

**Order Withdrawal Form**

Date:

|  |  |
| --- | --- |
| Name and surname: |  |
| Address: |  |
| Phone: |  |
| E-mail: |  |
| Invoice number of the returned product: |  |
| Product delivery date: |  |
| Amount paid:  |  |
| Product (pcs, name, size, colour): |  |
| Reason for changing or returning the product: |  |

|  |  |
| --- | --- |
| Bank account number for money transfer: |  |
| Bank name and country: |  |

|  |  |
| --- | --- |
|  *(Name, surname of the customer)* | *(Signature)* |