RETURN/EXCHANGE FORM

Date: .....

Order number: …….....

Full name: …….....

Address:

.....……

…….

.....

Phone number: .....

I'm asking for a refund to the bank account:

Bank transfer details: ……
……...
……

Product name	Quantity	Price

Reason of return: .....

.....

RETURN address:

ATELIER CHRUSCINSKA
ul. Aleje Marcinkowskiego 16/5
61-827 Poznań
Poland
Contact: +48 695-718-054

***I declare that I am aware of the return conditions specified in he Store's Regulations.**

.....

(Customer's signature)