

RETURN FORM

ORDER NUMBER:

DATE OF ORDER:

INVOICE / RECEIPT NUMBER:

FIRST AND LAST NAME:

ADDRESS:

TELEPHONE:

EMAIL:

I REQUEST A REFUND:

THE SAME WAY I PAYED

TO THE BANK ACCOUNT (BIC/SWIFT):

ACCOUNT NUMBER:

PRODUCT NAME:	QUANTITY:	GROSS PRICE:	REASON FOR RETURN:

CUSTOMER COMMENTS:

Upon receiving the form, we will promptly send an email with the shipping address for returning the product(s).
Please use digital signature or print, sign and email scan to us: shop@haasoptics.com

I agree with the terms and conditions of returning the product(s).

DATE AND READABLE CUSTOMER SIGNATURE