

## Refund form

Order number:

Complained product\*:

Amount\*:

Reason of the complaint\*:

### Condition of the product\*:

Used

Unused (intact packet)

Opened (unwrapped, but not used)

Damaged / Faulty

### Personal details of the buyer:

Name and surname:

Address:

E-mail:

### What do you prefer:

Overpayment/difference in price will be transferred to the bank account **(with SWIFT CODE and IBAN necessarily)**:

Refund to the bank account **(with SWIFT CODE and IBAN necessarily)**:

Please fill up this form clearly (use capital letters) and send it along with the products to the following address:

### **ABR DISTRIBUTION SP. Z O. O.**

ul. Gazowa 8  
26-600 Radom  
POLAND

\* Bars assigned with stars should be filled up in case of complaint or return of a product.