

selfieroom

RETURN FORM

WITHDRAWAL FROM THE CONTRACT

PLEASE FILL THIS FORM OUT USING BLOCK LETTERS.
YOUR ORDER NUMBER CAN BE FOUND IN YOUR ORDER CONFIRMATION EMAIL.

ORDER NR: _____

REASON FOR RETURN:

- | | |
|---|---|
| <input type="checkbox"/> SIZING ISSUES | <input type="checkbox"/> WRONG CUT/STYLE |
| <input type="checkbox"/> SIZE RUNS SMALL | <input type="checkbox"/> UNSATISFIED WITH THE QUALITY |
| <input type="checkbox"/> SIZE RUNS LARGE | <input type="checkbox"/> DEFECTIVE _____ |
| <input type="checkbox"/> SIZE DIFFERENT THAN DESCRIPTION | <input type="checkbox"/> OTHER _____ |
| <input type="checkbox"/> COLOUR DIFFERENT THAN IN PICTURE | _____ |

NAME & LAST NAME: _____

STREET ADDRESS: _____

POSTAL CODE AND CITY: _____

TELEPHONE NR: _____ EMAIL: _____

ITEM NAME	SIZE	PRICE

PLEASE PROCESS MY RETRN USING: RETURN AMOUNT: _____

☐ PAYMENT SERVICE ORIGINALLY USED FOR THIS PURCHASE *:

- ☐ PRZELEWY 24 – QUICK MONEY TRANSFERS, BLIK*
- ☐ PRZELEWY 24 - PAYPO (DEFERRED PAYMENT)*
- ☐ PAYPAL*

☐ BANK ACCOUNT TRANSFER*

BANK NAME _____ NAME & LAST NAME _____

ACCOUNT NR

*PLEASE PICK THE DESIRED OPTION BY TICKING THE APPROPRIATE BOX

WILL YOU BE SHOPPING AT SELFIEROOM AGAIN?

☐ YES ☐ NO

DATA _____ SIGNATURE _____

IF YOU WISH TO WITHDRAW FROM THE SALES CONTRACT, PLEASE PRINT AND SEND BACK THIS FORM ALONG WITH THE RETURN ITEMS (IN LIKE NEW CONDITION) WITHIN 14

DAYS OF THE DELIVERY DATE TO THE FOLLOWING ADDRESS:
ZAKRZÓW 411, 32-003 ZAKRZÓW.

YOUR RETURN CLAIM WILL BE PROCESSED WITHIN 14 DAYS OF RECEIPT.