



RETURN FORM

Seller:

SPA4BIZ s.r.o.

Company ID: 28961277

Baarova 802/43, Michle, 140 00

Prague 4,

Czech Republic

Customer:

First name and surname:

Address:

Phone number (*optional*):

Email address (*optional*):

Return

Product Name:

Quantity:

Order No.:

Date of Delivery:

Reasons of Return:

- Please specify:

Date:

Customer's Signature:

Annex: - a proof of purchase