

## **RETURN FORM**

| I declare that I withdraw from the contract of sale of the Goods, |
|---|
| Order number,   |
| VAT invoice number  |
| Date of placing the order:  |
| Date of order delivery:   |
| Client's first and last name                                      |
| Returned Goods:   |
| Customer address:   |
| Payment method* or bank account number:                           |
| The goods should be sent back to the following address:           |
| Dystrybucja PRO / PEPPE SHOES sp. z o.o.                          |
| Cholerzyn 467, 32-060 Liszki, Poland                              |
| tel. +48 721 101 138  |
| (signature and date)  |

<sup>\*</sup> The seller refunds the payment using the same method of payment as used by the consumer.