

Avirex[®] Online Shop

If you wish to return or exchange any portion of your order, please complete this form and include it with your return shipment.

RETURN FORM

With the present form I wish to return the following item(s):

STYLE/ART.

SIZE

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Invoice No.

Invoice Date

Order No.

complete name and address:

Mr./Mrs:

street:

postal code:

City:

Country:

Telephone.

e-mail:

Date:

Signature:

Help us to improve. Please tick the reason why you decided to return your purchase.

Not as pictured/described

Wrong item sent

Didn't fit

Defective item

Not satisfy with quality

other: