**Return form**

Send this completed form along with the return shipment.

**Data**

|  |  |
| --- | --- |
| Full name:  | Address:  |
| Postal code:  | Place:  |
| Order number: | IBAN: |
| Name account holder: | Return date: |
| Phone number:  | E-mail:  |

**Return articles**

|  |  |  |
| --- | --- | --- |
| **Amount** | **Article number** | **Description** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Reason of return**

|  |  |
| --- | --- |
| O  Defective | O   Double delivery |
| O   Wrong article | O   Does not meet expectations |
| O   Transport damage | O   Ordered wrong |
| O   Otherwise, namely:  |

**Explanation**

|  |
| --- |
|  |

**Cut out the address label below and place it visibly on the box**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sender**

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………………………………………

………………………………………

|  |
| --- |
| **AStepAhead**Department returns**Ondernemingsweg 46****2404 HN Alphen aan den Rijn** |