RETURN FORM

Print and complete this form to request a return. Put the form inside the box for each item you wish to return.

Remember that if you would like to exchange an item you must return the one you have purchased and then place a new order.

CLIENT DETAILS

Name: _____ **Telephone:** _____

ITEM TO RETURN

Order number: _____ Order date: _____

Product name: _____

IN ORDER TO COMPLETE THE REFUND, INDICATE THE PAYMENT METHOD USED TO PAY FOR THE ORDER:

☐ **Credit card**

☐ **Klarna**

☐ **Bank Transfer**: _____

(If you have selected this payment method, you should indicate where we should make the transfer to)

Reason for return: _____

_____

Other comments: _____

_____

ATTACH THIS FORM TO THE ITEM YOU WISH TO RETURN, PLACE THEM IN THE BOX AN
REQUEST AUTHORISATION TO SEND TO:
ELEGANCE EYEWEAR
Calle Mossen Jacinto Verdaguer nº 64 - 66 Local 2, 08330 Premia de Mar, Barcelona