



Return form

Schorsmolenstraat 13
4811 VN Breda
The Netherlands

+31 76 593 88 45
info@labetassen.nl
www.labetassen.nl

Please enclose this form with your package.
Incomplete forms will not be processed.

I hereby wish to return my order:

Date:	
Order number:	
Ordered, date: (dd-mm-yyyy)	
Received, date: (dd-mm-yyyy)	
Name:	
Address:	
ZIP code:	
City:	
Bank account number for refund:	
Signature:	
Other remarks?:	

(For LABÉ, leave blank):

Received:

processed:

date: