

UAB „IMPEKAHOME“
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RETURN OF GOODS FORM

NAME SURNAME / COMPANY NAME & CODE _____

ADDRESS: _____

PHONE NUMBER: _____ E-MAIL: _____

INVOICE NUMBER/ORDER NUMBER.: _____

RETURNED PRODUCT CODE: _____ QUANTITY: _____

_____ QUANTITY: _____

_____ QUANTITY: _____

REFUND BANK ACCOUNT NUMBER _____

Place the completed form together with the returned goods.

SIGNATURE: _____