

### 1. FILL IN THE FORM

Print the form and fill in all blanks, describing what happened to the product or what is the reason for the return.

### 2. PACK THE PRODUCTS

Make sure that the product you want to return is in the same condition in which you received it and that it has no signs of use. Place the return or complaint form in a box or shipping envelope.

### 3. SEND THE PRODUCT

Send us the package by any courier/mail service to the address:

THE ODDER SIDE  
ul. Kopytów 44F / Procan  
05-870 KOPYTÓW

## YOUR DETAILS

<b>NAME &amp; SURENAME</b>
<b>ADRESS LINE</b>
<b>POSTCODE AND CITY</b>
<b>E-MAIL</b>
<b>PHONE NUMBER</b>

### METHOD OF PAYMENT

TPAY

PAYPAL

BANK TRANSFER

CASH ON DELIVERY

The reimbursement of funds will be made using the same method as the payment was done.

The return will be made within 14 days from the date of delivery of your package to our warehouse.

### BANK ACCOUNT NUMBER

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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## PRODUCTS

NAME	QUANTITY	PRICE	RETURN	COMPLAINT
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

### REASON FOR THE RETURN

- |   |  |
|---|--|
| <input type="checkbox"/> The product is too big                     | <input type="checkbox"/> I do not like the product |
| <input type="checkbox"/> The product is too small                   | <input type="checkbox"/> The package came too late |
| <input type="checkbox"/> The product is not as described            | <input type="checkbox"/> No reason                 |
| <input type="checkbox"/> The product is inconsistent with the order |  |
| <input type="checkbox"/> Faulty item/product (describe) _____       |  |

\_\_\_\_\_ date and signature