crullé

Adrial d.o.o.
Ljubljanska cesta 45,
1241 Kamnik,
Slovenia
info@crulle.com

# CONTRACT WITHDRAWAL FORM

Order number: _____
Invoice number: _____
Return date: _____

## CUSTOMER

Name and surname: _____
Address: _____
Postal code and post: _____
Phone: _____
E-mail: _____
Bank Account Number for the refund: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

## ITEM

| Item name | Quantity | Return reason (check) |
|---|---|---|
| _____ | _____ | ☐ Wrong item delivered |
| _____ | _____ | ☐ Diopter selection error |
| _____ | _____ | ☐ Other |
| _____ | _____ | |
| _____ | _____ | |
| _____ | _____ | |
| _____ | _____ | |

Items must be returned to the address: **Adrial d.o.o. , Ljubljanska cesta 45, 1241 Kamnik, Slovenia**

Date: _____ Customer signature: _____