(Buyer's name, surname)

To Director

of UAB AMARIVUS

(place of residence, telephone number)

# The request to return the item

(date, place)

Information about the item to be returned: Order No.

Item code Amount paid, EUR

# Return:

 return within 30 days

 select the reason for returning the item:



|  |  |  |
| --- | --- | --- |
| Size: too small | Wide | Damaged |
| Size: too large | Uncomfortable | Wrong parcel: model/size |
| Pressesfactory defect | Does not match photos | Other  |

(indicate the circumstances as to why the item is returned)

Please return EUR by bank transfer to the settlement account

L T

(account number) (bank name)

The money will be transferred to the account within 5 business days from the date of the decision. \* Specify the same account from which the goods were paid for

Buyer

(name, surname, signature)

Store employee

(name, surname, signature)

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Prekė ir čekis lieka parduotuvėje

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(parduotuvės pavadinimas, adresas ir atsakingo darbuotojo parašas)

p.s. pildoma, jei prekė paliekama gamyklinio broko įvertinimui.