

EXCHANGE OF GOODS FORM

_____, _____
Date , place

Order number _____

The item of return:

Name:

Reason for return:

Exchange to:

Name:

Colour _____ Size: _____

Price: _____ Amout to pay extra/ return: _____

PURCHASER ADDRESS:

Name:

Address:

Phone no.: _____ E-mail: _____

Online Shop alias _____

Please send this form together with the product to:

2 Hearts MD Expert Marzena Dzierbicka

Stefanów 42

97-403 Druźbice

Customer's signature

The costs related to the exchange of the Goods shall be borne by the Customer. Please pay 19 PLN extra for the exchange.