

## Return form

Your details

Invoice number: \_\_\_\_\_  
Date of purchase: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Zip code: \_\_\_\_\_ Residence: \_\_\_\_\_  
Phone number: \_\_\_\_\_  
E-mail address: \_\_\_\_\_

## RETURN ITEM(S):

\_\_\_\_\_  
\_\_\_\_\_

## REASON FOR RETURN:

\_\_\_\_\_

**Please send the completed return form with the shipment. If this form is not filled out completely, we cannot process the return request.**

Return address:  
De Ooyevaar B.V.  
T.a.v. Sales  
Gildenweg 33  
1695 GD Blokker  
Netherlands