[First and Last Name]

[Address ]

[00-000 City]

[email]

[phone]

Locco Sp z o.o. Sp k.

ul. Wielicka 36 lok.38

02-657 Warszawa

NIP: 521-375-99-87

contact@loccodesigns.com

 RETURNS FORM

I/We\* withdraw from:

* the sales contract of the following items\*\*
* the delivery agreement of the following items \*\*

Please include this form in the return shipment.

Send the return package to the following address:

Locco Sp z o.o. Sp k.

ul. Wielicka 36 lok.38

02-657 Warszawa

Keep evidence of shipment until we confirm receipt of your package.

In case of questions contact us at: contact@loccodesigns.com

The withdrawal includes the following items:

|  |  |
| --- | --- |
| nr | Product name/description |
| 1 |  |
| 2 |  |
| 3 |  |
| 4 |  |
| 5 |  |

Order number and date of conclusion:\* .............................................................

Bank account nr for refund: ........................................................... ........................

Owner of bank account: ........................................................... ......................................................

…...................……………………………………

Signature (date,city)

\*/\*\* cross out what does not apply