RELAB CORP Sp. z o.o.

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## RETURN REQUEST FORM

I declare that I withdraw from the sales contract of the following goods:	
Order date:	
Order number:	
Name and Surenam	e:
	·
Please return	n to the account from which the payment for the order was made.
	Please return to another bank account:
Name and Surname	of the account owner :
Bank account numb	er:
Bank name:	
Bank address:	
I hereby declare that	I accept §6 of the online store regulations RELAB.
Date:	Signature: