

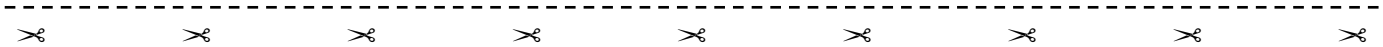
RETURN FORM BARRELKINGS

Stick this part on the return box

Barrelkings

Fortweg 3A, Loods 56

1471 EB Kwadijk



PLEASE COMPLETE THIS PART IN FULL

Add this part to the return box

ITEM NAME	QTY	REASON FOR RETURN
		<input type="checkbox"/> Defective
		<input type="checkbox"/> Wrong product
		<input type="checkbox"/> Does not meet expectations
		<input type="checkbox"/> Other: _____

CUSTOMER NAME

ORDER NUMBER

Money will be refunded after receiving the goods.