

Return Form

LAREN

Please fill out the form and enclose it to the parcel with the item you wish to return.
In case, printing the form is not possible, please send the completed form to the following address:
laren.mykonos@gmail.com

NAME: _____

SURNAME: _____

TELEPHONE NUMBER: _____

ORDER NUMBER: _____

REASON FOR RETURNING: _____

PRODUCT NAME: _____

<u>I'M INTERESTED IN:</u>	STORE CREDIT	SIZE EXCHANGE	EXCHANGE FOR OTHER PRODUCT

REFUND

Iban:
Bank:
Name:

SIGNATURE

*Thank you!
Laren!*