

RETURNS FORM

1. YOUR DETAILS	Date: Order number (5 numbers):
First name, surname:	
Shipping address:	
Email:	Phone:
2. ITEM TO RETURN OR EXCHAI	NGE
Product name (as per e-shop or invoice)	/ US-size
	1
	1
	<i>I</i>
3. REASON FOR RETURN (please d	escribe any defect)
4. YOU WOULD LIKE	
To repair the defect (if applicable)	
☐ To exchange the item for an alternative prod	duct:
Product name (as per e-shop)	/ US-size
	<i>f</i>
	/
To get back my money (to the same credit c	ard used for the purchase)

RETURNS ADDRESS:

Popname.cz, Zahradni 1242, 264 01 Sedlcany, Czech republic

Please return your item together with this completed form and a copy of the invoice to the returns address. If you have any questions, please do not hesitate to contact us by email: info@popname.cz or phone: 00420 773676280.