*date* ….... / ….... / …..……

 *dd mm yy*

 Return application form

 NAME ………………………………………………………………..

 *First + Surname*

 EMAIL ADDRESS ………………………………………………………………..

 *example@mail.ee*

 MOBILE NUMBER ………………………………………………………………..

 *If we have any further questions*

 ORDER NO. \_ \_ \_ \_ \_ \_ \_

 *Unique 7-digit number*

 REASON FOR RETURN ☐ I’m using 14 day right to return products

 *vali ainult üks Product needs to be clean, in original package and unused*

 ☐ Wrong product

 *Wrong color, size or model*

 ☐ Defective or broken product

 *Please be more specific*

 ☐ Other

 *Please be more specific*

 COMPENSATION ☐ Please refund my money back

 *We refund money to account from where the money came*

 *Choose only one* ☐ I would like to get a new product

 *We'll send you a new product after we receive the old one*

 Follow these instructions 1. Please fill this form and attach it to returning products.

 2. Please return product(-s) to an address „Peterburi tee 44, Tallinn, 11415, Estonia“ receiver „Stokker AS“ contant number „+372 620 1111“ / bring it to closest Stokker toolstoore / send it to us using courier service.

NB! Return process can take up to 14 days from time we receive products.

 ………………………..

 *Signature*