*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*