RETURN FORM

If this form is not completed correctly, we cannot process your returns!

RETURN ADDRESS:

MARETTI LIGHTING Bolderweg 7, 1332 AX Almere the Netherlands

CUSTOMER DATA:

Company name:

Contact person:

Address:

PC + Place:

Date:

Contact person Maretti:

Phone number:

E-mail:

BY YOU TO COMPLETE

Item number	Qty	Invoice number	Reason for return

TO BE COMPLETED BY MARETTI

Product OK?	Packaging OK?

COMMENTS:

Customer signature:

Name in block letters:

Date received:

Signature Maretti

Print