

Returns form

Fill in with readable block letters

Send to:

RaceMakers
Enggårdvej 21
7400 Herning
Mail: info@racemakers.dk

I/we hereby declare that I/we wish to make the cancellation right applicable in connection with my/our purchase agreement for the following items:

(Enter order number/voucher in all cases. In case of withdrawal of parts of purchase, indicate the individual goods returned)

Order number/voucher _____

Condition of the goods (choose one)			
Unopened	Opened	Tested	Differing
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Quantity	Product	Condition of the goods (choose one)		
		Unopened	Opened	Tested
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I/we wish (choose one) Exchange Moneys returned

Variety when exchange (choose one)

- Same
 Other (write) _____

Order date _____

Received date _____

Ordered in:

Name _____

Address _____

Zip Code _____

City _____

The undersigned hereby states that the form is filled in correctly by faith and promise.

Date

Signature