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**CUSTOMER RETURNS FORM**

Put Me Inside Your Return Parcel

Please include a completed copy of this form with the item you wish to return. A new form must be completed for each individual item being returned.

**FULL NAME\***

Thank you for filling out the returns form. We will check the condition of the returned item and we will let you know as soon as possible whether you are eligible for a refund. For any further queries contact our:

E-mail: customerservice@kristiankiel.net or Customer Service Number: +34 661 622 266

**DESCRIBE\***

Exchange

Return

Other

Received wrong item

Other

Defective/ Not working

Tick one of the following fields:

Tick one of the following fields:

**REASON FOR RETURN\***

**REQUEST\***

**INVOICE NUMBER\* ADDRESS\***

Area code

Country

Postal/ Zip code

State/ Province

City

Street address line 2

Street address

Last name(s)

First name(s)

**RETURN ADDRESS\***

Phone number

**PHONE NUMBER\***

**E-MAIL\***