

## RETURN FORM

Sender information - please be sure to fill out:

Name: \_\_\_\_\_  
 First name: \_\_\_\_\_  
 Customer number: \_\_\_\_\_  
 Invoice number: \_\_\_\_\_  
 Mobile number: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_

### RETURNADDRESS

smilestore  
 Girardetstrasse 64  
 D-45131 Essen  
 Germany

Dear Customer,

We regret that our product has given rise for complaint and strive to eliminate discomfort as quickly as possible. Please use the return form so we can process your return shipment quickly.

Note: To speed up the return process, we ask you to put the filled out leaflet with the returned goods in the package.

### RETURN

Description	Amount	Reason of return*	Comment or detailed error description

An exchange may only be made if the item is in stock. The warranty terms can be seen in our Terms of Use.

\* Reason of return:

11 toothbrush is not charging	15 material damage
12 toothbrush does not work	16 function error
13 charger is defective	17 others
14 article incomplete	

### ALTERNATIVE DELIVERY ADDRESS FOR RETURN SHIPMENT

To perform shipment to the same address, leave the field empty. Otherwise, please give the desired shipping address:

Name: \_\_\_\_\_ First name: \_\_\_\_\_  
 Street: \_\_\_\_\_ ZIP Code & City: \_\_\_\_\_