smilestore.

RETURNADDRESS

smilestore

RETURN FORM

Name:

First name:

Sender information - please be sure to fill out:

Girardetstrasse 64		Custom	Customer number: Invoice number: Mobile number:		
D-45131 Essen		Invoice			
Germany		Mobile			
		E-Mail:	<u> </u>		
Dear Customer,					
•	_	en rise for complaint and m so we can process your			
Note: To speed up the the package.	return proce	ess, we ask you to put the	filled out leaflet with	the returned goods in	
	RETURN	RETURN			
Description	Amount	Reason of return*	Comment or detailed error description		
			<u> </u> 		
* Reason of return: 11 toothbrush is not charging 12 toothbrush does not work 13 charger is defective 14 article incomplete			nty terms can be seen 15 material dar 16 function erro 17 others	mage	
ALTERNATIVE DELIVER	Y ADDRESS	FOR RETURN SHIPMENT			
To perform shipment to desired shipping addres		dress, leave the field empty.	Otherwise, please give	e the	
Name:		First nar	rst name:		
Street:		ZIP Cod	ZIP Code & City:		