| | <u>RETURN F</u> | <u>ORM</u> | |
|--|--|----------------------------|--------------------------|
| First name: | Last name: | Mail : | |
| Phone No.: | * Customer No.: | Invoice No.: | |
| * Required fields | | | |
| | Item(s) | Qty(s) | Reason(s) for return No. |
| | | | |
| | | | |
| with the article; 5. Other (| . Wrong item received ; 3. Differer | | |
| | HOW DO I RETURN | | |
| Print and fill in the form Send the parcel to the f | • | | |
| | Freezedried & Pôle Course au I 6 bis rue du Sous-Ma 56100 Lorient, F | arge Arin Vénus | |
| 3. I would like: | oo roo Eoricin, r | INIOL | |
| | uct(s) : roduct(s) : | | |
| For more information, plea | ase contact us on +33 (0)2.97.87 | .23.73 or by email at team | @lyophilise.com. |
| The withdrawal period | e the right to withdraw d expires 14 days after e carrier and designated | the day on which | you or a third |
| | Freezedriea | 1&-co | |