



# Return Form

Please complete all the boxes below, then send this form to us by email or post.

DATE

 /  / 

## YOUR INFORMATIONS

Full Name :	<input type="text"/>		
Order Number :	<input type="text"/>	Street :	<input type="text"/>
Order Date :	<input type="text"/> / <input type="text"/> / <input type="text"/>	Post Code :	<input type="text"/>
Order Amount :	<input type="text"/>	City :	<input type="text"/>
Issue :	<input type="checkbox"/> Refund	<input type="checkbox"/> Exchange	Country : <input type="text"/>
Item(s) :	<input type="text"/>		
		Phone :	<input type="text"/>
		Email :	<input type="text"/>
		Phone :	<input type="text"/>

## YOUR REASONS

Tell Us Why :

## OUR ADDRESS

A : 7209 Lancaster Pike Suite 4- 1017, Hockessin, DE 19707, USA

P : [contact@stopvarroa.com](mailto:contact@stopvarroa.com)

\_\_\_\_\_  
Signature

**THANK YOU FOR YOUR TRUST**

Once the form is received, we will do our best to respond to you as quickly as possible.