

# ENRAGE

DATE:.....

## RETURN/COMPLAINT FORM

ORDER NUMBER:.....
NAME:.....
E-MAIL:.....

ITEM	QUANTITY

REASON OF RETURN
BANK ACCOUNT NUMBER (LEGIBLY)

TYPE HERE

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You have **14 calendar days** from receiving the product to return it. In order for the return to be considered, fill out this form and send it back together with the products to the address of our company:

**ENRAGE**  
**st. CZESTOCHOWSKA 38/52/212**  
**93-121 LODZ**  
**EMAIL: RETURNS@ENRAGECUSTOMS.PL**  
**TEL: 511450126**

The cost of returning the order is covered by the customer. The product must be intact, can not wear traces of use and must have all original tags. The refund will be made within **14 days** from the time we receive the return package.

CUSTOMER'S SIGNATURE .....
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