

Recipient:

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Please fill in this form and send it together with your order
or to our e-mail only if you wish to withdraw from the purchase contract.

RETURN FORM

Order number:

Name and surname stated in the order:

E-mail address:

Bank account where you would like to receive your refund:

Please specify your request (choose):

Return of goods within 14 days (withdrawal from the purchase contract)

Wrong goods delivered

Other cases

Description of the problem:

Specify which products this return/withdrawal applies to (IDV):

How you wish to resolve the sale return (choose):

Sending a new product

Money refund

By signing, I confirm that I am withdrawing from the purchase contract of these goods.

Sign here:

Date: