

BELGOMEDICAL RETURN FORMULAR

Declaration on **day of arrival**.

(Complete what is appropriate) Add with your return.
Returns are only accepted if the product has been tried(*) on on day of arrival !
You inform us on the day of arrival.

Your information (must be completed)

Order nr M-697827-....(fill in 4 lacking digital numbers)

Name:

Adress:

Zip code / Tonw:

Country:

Telefophone:

1. RETURN (must be completed)

Order date :

Date of reception of the order:

Date of inspection/trying:

Date of demand for return:

Date of cancelling of order:

Difference date reception/date announcement return: days

2.Manufacturing default (only complete if necessary)

Description:

Date of announcement manufacturing default:

3. EXCHANGE

(only complete if necessary)

1/ to a bigger size : specify:

2/ to a smaller size: specify

3/ to another model: specify type:

4/ I'm prepared to pay for the new shipping cost. The amount is:

Do NOT send back compression cushions if you still need them.

4. RETURN (free of charge for Belgomedical)

Send back to:

E.B.Materials bv

Hendrik Huyghelier

Guido Gezellelaan 36/2

3550 Heusden-Zolder

BELGIUM

5.CONDITION of returned goods: (must be without wearing traces!)

Labels attached/included: yes/no

(*)Tried on in a hygienic way (no wearing signs): yes/no

Not worn, just tried on: yes/no

Resellable as new: yes/no

I am aware of the sales conditions conforming Belgian law.

Date

Signature