

Return Authorization Form

— To
Schietsportspullen.nl
Brilduiker 9
3752 KT Bunschoten
RMA@schietsportspullen.nl

— I hereby inform you that i terminate our agreement regarding the sale of the following goods:

— Ordered on (DD-MM-YYYY) :

— Order number

— Received on (DD-MM-YYYY):

— Name

— Address

— IBAN number

— Signature

— Date (DD-MM-YYYY)