



RETURNS

All items must be returned unworn, undamaged and in their original condition with a completed return form. You can return your purchase to us within 14 days after receiving your order by placing the return address label clearly on the package.

The costs for returning the package are for the sender.

No time to return the item within the specified 14 days? No problem, you can notify us about your return via info@msasafetyshop.com within the above mentioned term. This gives you two weeks to send the package.

Provided that the above rules are met, the purchase amount will be credited to the account number known to us within 7 working days after we receive your package. For questions regarding your return you can contact us via the e-mail address below. **Always mention your order number.**

RETURN IN THE ORIGINAL PACKAGING

If possible, return the return shipment in the original packaging. If this is not possible, ensure that the return shipment is packaged correctly. We are not liable for items that were damaged during transport due to the negligence of the sender.

SAVE YOUR PROOF OF SHIPMENT

Keep the proof of shipment until your return is fully processed. Without proof of shipment we cannot be held liable for packages that are lost during transport. Once your package has been processed, you will automatically receive a confirmation email.

EXCHANGE

Your purchases can easily be exchanged by returning the replaced items and then placing a new order on the website.

RETURN ADDRESS LABEL

Hobrand B.V. Retour MSA SAFETY SHOP Lingewei 1 4004 LK Tiel The Netherlands





RETURN FORM (SEND WITH RETURN PACKAGE)

- 1. Complete the return form.
- 2. Mail the return form to orders@hobrand.nl for a correct and fast settlement.
- 3. Add this form to the return package.

FILL IN CUSTOMER

Customer name:	
E-mail:	
Date of return:	
Order number:	
Payed via:	PayPal / IDEAL / Creditcard / Bancontact / SofortBanking/ Pre transfer
	If you have paid via pre transfer, please fill in your IBAN details below.
	IBAN number:
	In name of:

Item name / number	Number	Reason return

COMPLETE COMPANY

Review state of item:	
Return supplier Yes / No:	
Leverancier:	
Supplier number:	
Return order number:	
Refund amount via:	

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