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RETURNS FORM

CONTACT

Company name *(Optional)* _____

Customer number _____

First name _____

Surname _____

Email address _____

Phone number _____

Postal code _____

House Number _____

Supplement _____

Street _____

City _____

Country _____

Bank account owner *(Optional)* _____

IBAN *(Optional)* _____

BIC *(Optional)* _____

RETURN INFORMATION

Product name _____

Product code *(Optional)* _____

Amount _____

Purchase date _____

Serial number *(Optional)* _____

Reason for return _____

Remarks _____
