



## STYLISH DOCTOR

### ITEM EXCHANGE FORM

Please fill out and hand-sign the form below and send it back along with the item (unused, clean, odorless, with original tags attached) to the following address: **PB Company Spółka z Ograniczoną Odpowiedzialnością, ul. Bolesława Śmiałego 2, 47-232 Kędzierzyn-Koźle**, within 14 days of receiving the product (starting from the day after the order was delivered).

order date: \_\_\_\_\_

order/invoice number: \_\_\_\_\_

name and surname: \_\_\_\_\_

correspondence address: \_\_\_\_\_

phone number: \_\_\_\_\_

e-mail: \_\_\_\_\_

**I hereby inform you of my intention to exchange the purchased product:**

name, color, size: \_\_\_\_\_

\_\_\_\_\_

for the product: \_\_\_\_\_

\_\_\_\_\_

I declare that I am aware of the terms and conditions for product exchanges as specified in the Store Regulations.