



RETURN FORM

Customer info

Company name :

name contact :

adres :

phone number :

mail :

Product info

product description

size:

invoice date:

Fault/rebuild :

number helmet :

invoice number teamfloral :

Transport company

Date

TEAMFLORAL

date arrived :

date send to Stilo :

transport company:

date return :

date to customer :

transport company:

remarks :

warranty :

yes

no

vatnr:

Stilo

date arrived :

date return :

remarks :