



RETURN FORM *(to join at your package)*

To the attention of the company SASU PALMIFRANCE, whose head office is located at Z.A.C
Aéropôle 140 Rue Georges Guynemer 44150 ANCENIS.

Last name* :

First name* :

Adress* :

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Phone number :

E-mail :

Order N°* :

Invoice N°* :

Article reference	Quantity	Delivery date	Reason of return	Exchange	Refund

**mandatory fields*

Date & signature :