



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^o*:

Invoice N^o*:

Article reference	Quantity	Delivery date	Reason of return	Exchange	Refund

**mandatory fields*

Date & signature :