RETURN TO

GERMANUS PIETSCH
IM ALTEN FELD 27
51429 BERGISCH GLADBACH
GERMANY

Return form

Name and surname: _____ **E-mail:** _____

Invoice- or order number: _____

Cancellation / Return:

Item code	Quantity	Brand and model (Size, color, version ...)

Warrantly claim:

Item code	Quantity	Brand and model (Size, color, version ...)

Description of the damage

_____

_____