

Put Me Inside Your  
Return Parcel



*KristianKiel*

## CUSTOMER RETURNS FORM

Please include a completed copy of this form with the item you wish to return. A new form must be completed for each individual item being returned.

### FULL NAME\*

First name(s)

Last name(s)

### E-MAIL\*

### PHONE NUMBER\*

Area code

Phone number

### RETURN ADDRESS\*

Street address

Street address line 2

City

State/ Province

Postal/ Zip code

Country

### INVOICE NUMBER\*

### REQUEST\*

Tick one of the following fields:

- Return  
 Exchange  
 Other

### REASON FOR RETURN\*

Tick one of the following fields:

- Defective/ Not working  
 Received wrong item  
 Other

### DESCRIBE\*

Thank you for filling out the returns form. We will check the condition of the returned item and we will let you know as soon as possible whether you are eligible for a refund. For any further queries contact our:

E-mail: [customerservice@kristiankiel.net](mailto:customerservice@kristiankiel.net)

or

Customer Service Number: +34 661 622 266