

## RETURN FORM

Name/First name/Company \_\_\_\_\_

Order Number \_\_\_\_\_ Date of order \_\_\_\_\_

Phone number \_\_\_\_\_

The following item(s) will be returned (state the item number according to the order)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Reason for return:

- The wrong item was delivered
- The delivery took too long
- The listed item is damaged as follows \_\_\_\_\_
- Other reason \_\_\_\_\_

If you paid by invoice, please note your IBAN for the refund.

IBAN \_\_\_\_\_

Denominated \_\_\_\_\_



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