

PRODUCT(S) EXCHANGE FORM

Molly-Dress.com

K. Wallenroda 10 lok. 01/24, 11-520 Ryn

POLAND

PURCHASER NAME, SURNAME:

DATE OF PURCHASE

DATE OF RECEIVED PRODUCT(S):

ADDRESS:

DATE OF FILLING THIS FORM:

ITEM CODE YOU WANT TO RECEIVE (including color, size):

SIGN: