

## **PRODUCT(S) RETURN 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:**

**SIGN:**