

RETURN FORM

Return number: _____
(will be provided by MORENO.care)

Clinet information

Name: _____

Phone: _____

Surname: _____

E-mail: _____

Address: _____

Customer no.: _____

Product information

Reason	Product no.	Prodcut description	Quantity	Invoice no.	Invoice date

Return reason

A	to small/to big:
B	to tighty/to wide:
C	damaged:
D	not as expected:
E	other reason:

Date: _____

Signature: _____

Before returning the item to us, please complete and sign this form and send it to returns@morenocare.com. We will provide you with a return number, which you must enter in the "Return Number" box at the top left.

Our shipping address is:

MrPackstar

c/o MORENO.care

Am Wartfeld 7

61169 Friedberg

Germany