Return form



Order number	
Lastname, Surname	
Street, Number	
Postal Code, City	
Telephone number or Mail address for queries	

Dear Customer,

BIC

we regret that the delivery did not meet your expectations and you have decided to exchange or return the product.

Please use this return form and enclose it with the return so that we can resolve the inconvenience as soon as possible.

We will cover the cost of the return!

Please contact **retoure@sneazm.de** so that we can send you the return label by mail.

Please do not send your singe back to us freight collect!

Please note the affected items below and also indicate the return reason so that we can do better

Item number	Article	Quantity	Reason for return/ exchange
Please provide a n	nore detailed error	description here, if ne	ecessary.
I wish:	refund	replacement delivery	
For a possible refu bank transfer)	nd, please indicate	e the bank details (onl	y for the payment method
Account holder			
IBAN			
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