

Product RETURN form*

			(town/city, date)
Order code:			
Receipt / invoice numbe	ye •		
First and Last Name:			
Street and house / aparti	ment number:		
Postal code, town/city:			
Phone number, email add	dress:		•••
	0011411124	e product: providing a reason within 1	
NAME	QUANTITY	SIZE	UNIT PRICE
	Qonum.		
			4
Incorrect size - TOO SMA		te)	
	for refund:		
Other, please specify: Bank account number			

consumer's signature

Detailed information regarding returns and complaints can be found in the SHIPPING AND RETURNS section on the website www.vikingsport.com If you have any questions or discrepancies with the received product, please contact us at tel. +48 508 442 031 or email: contact@vikingsport.com

date/receiver's signature

¹¹ The customer is responsible for the return shipping cost ¹² The following items are non-returnable: products showing signs of use, personalized products (e.g., custom print on gloves), and products ordered at the customer's request