

Withdrawal form / Complaint form

1. Information about the Supplier

Company & Company registration number: Nordisk Textil AB
The Supplier's return address: Rottnebvägen 6 79144 Falun Sweden
E-mail address: Order@nordictextiles.com

2. Information about product to be returned / complained about

Order number:	
Amount of products:	
Order date	Receipt of delivery (date)
Should return be made through the right of withdrawal?	Should return be due to a complaint?
Fill in the following only in the event of a complaint due to errors: Description of the error:	

3. Returns must be made to the Supplier's return address, which is stated in point 1 above.

The product <u>has</u> been returned (date):	The product shall be returned (date):
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4. Information about the Customer

Name	E-mail
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* Customer's signature (* Only if the form is sent in physical form, for example by post)

Place and date	Signature
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