

REFUND & EXCHANGE FORM

1. Contact/Billing Information

Name Surname _____
Address _____
City _____
E-mail _____
Phone _____
Order Confirmation No.* _____
Date _____
Signature _____

* This information is required. (My Account/My Orders).

2) Please check one of the following.

- a) I changed my right of withdrawal and would like a refund
- b) I would like to make an exchange

The exchange product's:

Product code : **Product Name:**..... **Size**.....

- Please check one of the reasons for the return/exchange

Size Problem	
Different appearance than the photograph	
Delivery with missing component	
Damaged delivered product	
Wrong product delivery	
Other	

- Please enter information on the purchased product that you would like to return/exchange

Product Code	Product Name	Quantity	Price

Return Address:

ECCO Cyprus LLC-Egkomi Store
Achaion Street House nr: 11
Postal Code: 2413
Phone Number: 0035722461436
Nicosia/Cyprus