



# Return request form

Date:

\* Name and address of the customer:

Seller:

TORIN, s.r.o.  
Zlatovska 2193/33  
91105 Trencin  
Slovakia

ID: 36297968  
VAT ID: SK2020174871  
Phone: +421 327 430 929  
E-mail: torin@torintn.com

\* Bank account number (IBAN, SWIFT):

\* Invoice / delivery note code:

\*\* Seller product code:

\*\* Product name:

\*\* Quantity:

\*\* Seller product code:

\*\* Product name:

\*\* Quantity:

\*\* Seller product code:

\*\* Product name:

\*\* Quantity:

\*\* Seller product code:

\*\* Product name:

\*\* Quantity:

\*\* Seller product code:

\*\* Product name:

\*\* Quantity:

Reason for return:

\* Confirmation of the completeness and correct completion of the letter by customer:

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**Important instructions for filling in the complaint form!**

\* mandatory

\*\* does not need to be filled if you would like to return all positions from the invoice/delivery note