FORELLE B.V.

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CUSTOMER: ..... NO.: .....

ADDRESS: .....

.....

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TEL. NO.: .....

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FORELLE B.V.
MARIE CURIEWEG 2
6045 GH ROERMOND

RETURN AUTHORIZATION

RETURN AUTHORIZATION

PLEASE USE THE ABOVE RETURN LABEL

QUANTITY	STOCK NUMBER	DESCRIPTION

ONLY THE MERCHANDISE LISTED ABOVE MAY BE RETURNED • PLEASE ENCLOSE ORIGINAL INVOICE • COLLECT SHIPMENTS WILL NOT BE ACCEPTED

SHIP: ☐ FREE OF COST
☐ PREPAID

FORELLE CONTACT: ..... DATE: .....