

GUSTAV

If you want to return your purchase.

Please fill in the form and put it in the package and use the enclosed return label.

See terms and conditions for further information regarding return.

CANCELLATION FORM		
INFORMATION ON THE COMPANY		
Name: Gustav A/S		
CVR Number: 32094570	Phone: +45 27792760	E-mail: info@gustav-denmark.com
Address of the company: Ballevej 118		
Zip code: 7300	City: Jelling	
INFORMATION ON THE CUSTOMER		
Name:		
Address:		
Phone Number:	E-mail:	
City:	ZIP code:	
THE FOLLOWING ITEMS WHERE THE RIGHT OF WITHDRAWAL SHALL BE EXERCISED		
DATE OF RECEIPT OF THE ABOVE ITEMS		
Date:		
CUSTOMER SIGNATURE		
I hereby give notice that I wish to exercise the right of withdrawal in connection with the above items. At the same time, I admit that all information given by me on this cancellation form is correct.		

Please tell us why you are returning your purchase.

- Item was to small
- Item was to big
- Item was defect
- The colors did not match picture at purchase
- Other issue: _____

Customers signature:

Date:
