

RETURN FORM

1. Contact / Billing Information

Order Number: _____

Product Number & Size: _____

Full Name: _____

Address _____

City: _____

Email: _____

Phone: _____

Date: _____

Signature: _____

2. Reason for Return (tick one or more)

<input type="checkbox"/> Arrived too late <input type="checkbox"/> Better price found elsewhere <input type="checkbox"/> Poor quality / Faulty <input type="checkbox"/> Too large <input type="checkbox"/> Too small <input type="checkbox"/> Quality not as expected <input type="checkbox"/> Fit too loose	<input type="checkbox"/> Fit too tight <input type="checkbox"/> Ordered multiple sizes <input type="checkbox"/> Colour not as expected <input type="checkbox"/> Incorrect product <input type="checkbox"/> Arrived worn <input type="checkbox"/> Wrong item/size/colour <input type="checkbox"/> Different from online description
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3. Refund Request

I exercise my right of withdrawal and request a refund.

4. Return Address:

ECCO Cyprus, LLC – Egkomi Store
 Achaion Street 11, 2413 Nicosia, Cyprus
 Phone: +357 22 461436