



Return Form

Please complete all the boxes below, then send this form to us by email or post.

DATE

/ /

YOUR INFORMATIONS

Full Name :	<input type="text"/>		
Order Number :	<input type="text"/>	Street :	<input type="text"/>
Order Date :	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	Post Code :	<input type="text"/>
Order Amount :	<input type="text"/>		
Issue :	<input type="checkbox"/> Refund	<input type="checkbox"/> Exchange	Country : <input type="text"/>
Item(s) :	<input type="text"/>		
		Phone :	<input type="text"/>
		Email :	<input type="text"/>
		Phone :	<input type="text"/>

YOUR REASONS

Tell Us Why :

OUR ADDRESS

A : 20 Penn Mart Center #1000 1009 New Castle, DE 19720-4207, USA

P : contact@notermite.net

Signature

THANK YOU FOR YOUR TRUST

Once the form is received, we will do our best to respond to you as quickly as possible.