

## RETURN FORM

CUSTOMER NAME AND ADDRESS	
PHONE AND E-MAIL ADDRESS	
RETURNED ITEMS	
DATE OF THE PURCHASE	
PLACE OF THE PURCHASE	<input type="checkbox"/> E-shop Rascal-bikes.com <input type="checkbox"/> Cyklospeciality store
INVOICE NO.	
DESCRIPTION OF THE DEFECT	
REQUEST	<input type="checkbox"/> Reparation <input type="checkbox"/> Replacement of goods <input type="checkbox"/> Refund <input type="checkbox"/> Other (describe):
EXTENDED WARRANTY	<input type="checkbox"/> Yes, frame number: <input type="checkbox"/> No
ACCOUNT NUMBER (IN CASE OF REFUND)	
DATE AND SIGNATURE	

Please send the returned items along with this return form to the following address: **RASCAL BIKES s.r.o. Svatopetrská 35/7, 617 00 Brno.**

For further questions please contact us on [info@rascal.cz](mailto:info@rascal.cz).