## Print and fill in this return form.

| Include it in the package when you return the product. |
|--|
| Send the return package to following address.          |

Name: **Hexter & Baines AB** 

Street: Kabelvägen 14, Postbox 77

City: Jönköping

Zip code: **55112** Country: **Sweden** 

Add contact information to the shipment:

Phone: +46732629543

E-mail: info@hexterandbaines.com

3. What could we have done better?

(Save the tracking number so that we can help you if your package gets lost.)

|  | NAME                    | ORDER NUMBER                    | E-MAIL  |        |  |
|--|-------------------------|---------------------------------|---------|--------|--|
|  |                         |                                 |         |        |  |
| The product is in unchanged condition  |                         |                                 | ☐ (Yes) | ☐ (No) |  |
| i.e. unused and without damage.  |                         |                                 | ` '     | ( - ,  |  |
| Your answers are important and help us to develop and get better. We would be grateful if you could answer the following 3 questions:  1. Why do you want to return the product? |                         |                                 |         |        |  |
|  |                         |                                 |         |        |  |
| 2.   | Is there any other prod | duct or brand you chose instead | ?       |        |  |