



PEPES
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GOODS RETURN FORM

ORDER NUMBER

ORDER DATE

BILL no.

NAME AND FAMILYNAME

ADDRESS

PHONE

EMAIL

ITEM	QTY	PRICE	REASON(S)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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REMARKS

I AGREE TO THE TERMS OF SERVICE AND ATHERE TO THEM UNCONDITIONALLY

DATE

CUSTOMER SIGANTURE