

Returns should be sent to the address below:
Alnor Systemy Wentylacji Sp z o. o,
Aleja Krakowska 10, 05-552 Wola Mrokwowska



Version: 04

RETURN

Date:

*Filled in by the person submitting a return form:

Company name:

	Index / Name	Quantity	Delivery note/ Invoice No	Return reason
1				
2				
3				
4				
5				
6				
7				
8				

**Wypełnia pracownik firmy Alnor/ Filled in by Alnor's employee:

	Indeks / Nazwa	Ilość	Lokalizacja	Uwagi
1				
2				
3				
4				
5				
6				
7				
8				

MOBILRACK

Base		Cover		Galvanised pipe 2300mm		Bar		Galvanised pipe 1120mm	
*Quantity		*Quantity		*Quantity		*Quantity		*Quantity	
**Ilość		**Ilość		**Ilość		**Ilość		**Ilość	

**Uwagi:

I confirm that I have read the policy for returning goods in detail described in [the Terms of Order Processing](#).
By signing below, I declare that I fully accept the policy and give my consent for a credit note
to be issued to me by ALNOR Systemy Wentylacji Sp. z o.o.

.....
*Legible signature of person submitting a return form

.....
**Data i czytelny podpis pracownika Alnor

*Filled in by the person submitting a return form ** Dane wypełnia pracownik firmy Alnor/ **Filled in by Alnor's employee

*** A 10% re-stocking charge will be made on all returned goods, with a minimum of 6 euros, unless otherwise agreed.

APPENDIX

In the case of a complaint regarding a larger amount of products, please complete and attach the table below to the return form.

Name (index) of product	Quantity	Return reason