

## RETURN FORM

Return reason:

<input type="checkbox"/> A	Articles sent on approval	<input type="checkbox"/> U	Exchange	<input type="checkbox"/> G	Warranty
<input type="checkbox"/> F	Wrong delivery	<input type="checkbox"/> W	Withdrawal	<input type="checkbox"/> S	_____

Please mark the relevant reason for return and fill out the form completely. Only fully completed forms will be processed immediately.

Send the article, with fully completed form to the following address:

Eye-Net Ltd.  
Ferdinand-Maria-Str. 23 ½  
85051 Ingolstadt  
Deutschland/Germany

Customer Service:  
Tel. +49(0) 841/95198944  
Email: info@eye-net.com

Order:

Name, first name	Order number	Date
Street	Telephone for inquiries	
ZIP / City	Email	

Information:

Quantity	Product description	Reason
Quantity	Product description	Reason

Please call me regarding lenses

Description of fault

## RETURN FORM

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### GLASSES:

RIGHT	Sph.	Cyl.	Axis	ADD.	PD
LEFT	Sph.	Cyl.	Axis	ADD.	PD

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### BANK ACCOUNT:

For the processing of any credit we need your bank account.

Account holder	Account number
Bank name	BIN

For international transfers please provide the following additional data:

IBAN	BIC
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Comment