



# Return Form

Please complete all the boxes below, then send this form to us by email or post.

DATE

 /  / 

## YOUR INFORMATIONS

Full Name :

Order Number :

Street :

Order Date :

 /  / 

Post Code :

Order Amount :

City :

Issue :

 Refund  Exchange

Country :

Item(s) :

Phone :

Email :

Phone :

## YOUR REASONS

Tell Us Why :

## OUR ADDRESS

A : 24A Trolley Square #1193, Wilmington, DE 19806-3334, USA

P : [contact@bedbugknocker.com](mailto:contact@bedbugknocker.com)

Signature

**THANK YOU FOR YOUR TRUST**

Once the form is received, we will do our best to respond to you as quickly as possible.