

ORDER RETURN FORM



IN ALL CASES, PLEASE FILL OUT THIS FORM AND INCLUDE IT WITH ANY RETURNS

Parcels returned freight forward will NOT be accepted. For returns whose value exceeds 40 EUR, we bear the shipping expenses as required by law. In such cases, please request a Freeway Parcel Stamp from us via e-mail at: info@pcsilent.de. Please indicate "Freeway Stamp" in the subject line, and provide us with your customer number and address in the e-mail itself. We will then send you the Freeway Stamp by standard mail.

My customer number / invoice number is: _____ / _____

I am returning the enclosed product because:

I am exercising my right to revoke the agreement (we appreciate any details you may choose to provide)

the product has the following defects (**please in all events describe the defect**):

replacement

refund (only within 14 days of delivery)

Please provide us below with your bank account information (EU only) or your credit card details so that we may refund your purchase if you have requested a refund according to your right to revoke the agreement, or if we are unable to replace defective items. If a credit card was used to pay for the original purchase, then the refund can only be made to the credit card.

please transfer the amount to the following account:

Account holder _____

Account no. / IBAN _____

Bank code / BIC _____ Name of bank _____

For payments to banks outside of Germany but within the European Union, please include the IBAN instead of the simple account number, and the BIC/SWIFT code instead of the simple bank code. Both can be obtained from your bank.

please refund the amount to my credit card

Credit card no. _____ Valid until _____