



## RETURN FORM

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Customer Name: \_\_\_\_\_  
Customer Address: \_\_\_\_\_  
Customer Email: \_\_\_\_\_  
Order Number: \_\_\_\_\_  
Date of Purchase: \_\_\_\_\_  
IBAN: \_\_\_\_\_

Product name	Size	Color	Reason for return

Please be sure to fill in all the requested information. The information needed is available on the shipment confirmation e-mail sent to you. If not filled in we will be unable to locate your order and process your refund.

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Date and your signature

Send the package to the following address:

MISS PEAR  
Street: Zacisze 11  
Zip code: 63-004  
City: Gowarzewo  
Country: Poland  
Phone: +48 721 315 434