

# SHOP DRIFT MASTERS PRODUCT RETURN FORM

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<b>ORDER NUMBER:</b>	<b>ORDER DATE:</b>
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<b>INVOICE/BILL NUMBER:</b>			
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<b>NAME:</b>			
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<b>ADDRESS:</b>			
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<b>PHONE:</b>	<b>E-MAIL:</b>
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**Please make a refund to the following bank account:**

**Account No.:**

(only a refund to the client's bank account is possible)			
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**Bank name:**

PRODUCT NAME	QUANTITY	GROSS PRICE	REASON FOR THE RETURN

**Client's comments**