## **Drum returning form**

Customer's referral
Waybill numero

Carrier



Returner: Fill out the form carefully! \* Mandatory information Incomplete form will prevent compensation Beneficiary (if different than returner) Returner Name\* Business ID\* Address\* Postal code and area\* Contact person\* Phone number\* Email\* Bank connection\* **Additional information** Date\* Returning number Referral numero

Returning point fills			Returning point fills			Returning point fills		
Drum number	Full refund	No refund	Drum number	Full refund	No refund	Drum number	Full refund	No refund
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Receivers signature and date