## Taste Of Asia s.r.o. Nákupní 468/14 73601 Havířov IČ: 07451962

## **Return form**

REPRESENTATIVE: Company / Name and	Contact person:
Address	Telephone / Fax:
	Mobile:
	E-mail:
Return address for shipping:	
(If it is the same as above, do not fill!)	
Bank account number:	
IBAN:	
SWIFT:	
DECLARED COORS	
DECLARED GOODS:	
PURCHASE DATE:	
(Invoice date)	
Serial number of the product:	
Serial number of the product.	
Date: Signa	ture of buyer:
	•
Poznámky:	
Date: De	ealer signature: