

KICKSMANIAC.COM
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CUSTOMER RETURN FORM

PRODUCT DETAILS: _____

PRICE: _____ ORDER DATE: _____

ORDER NUMBER: _____

REFUND METHOD:

PAYPAL E-MAIL ADDRESS: _____

OR BRAINTREE E-MAIL ADDRESS: _____

CUSTOMER INFORMATIONS:

FULL NAME:

STREET: _____ HOUSE NUMBER: _____ APARTMENT NUMBER: _____

POST CODE: _____ TOWN/CITY: _____

PHONE NUMBER: _____ E-MAIL ADDRESS: _____

■ I hereby agree for processing my personal data for the purposes of contract withdrawal by MISICO Sp. z o.o. Sp. k. located in Lodz (92-221), ul. Nowogrodzka 2c. Clients have the right to access their Data, to modify or delete them. Personal data controller is MISICO Sp. z o.o. Sp. k. located in Lodz (92-221), ul. Nowogrodzka 2c.

DATE: _____ *SIGNATURE: _____

* required, only on paper form