

RETURN FORM

Name: _____

Surname: _____

Address : _____

Contact phone: _____

E-mail: _____

Order Number: _____

Date of Purchase: _____

Receipt/ Invoice Number: _____

Product Reference Code & Description: _____

Reason for Return / Please describe the issue in detail: _____

For Refund requests please provide your bank account details:

- | | |
|-------------------------|-------|
| 1. Bank Name | _____ |
| 2. Account Number IBAN: | _____ |
| 3. Account Holder Name: | _____ |

Please send this RMA request form along with your purchased item. You must also include a copy of your purchase receipt or invoice. (For refunds you must include the original purchase receipt)

Whether you are in Athens or not, please contact us by calling our customer support line at +30 **210 4632419** or via email at **info@optocenter.gr** to make necessary arrangements. After you have contacted us you can send your purchased item in its complete original packaging at our store address: **El. Venizelou 190, 18755 Keratsini**

In the event that a returned item is defective and within 14 days from date of purchase, we will accept charges for product shipping. In all other cases you will be charged with shipping expenses. You are responsible for items send to us, please make sure to carefully package returned items.