

# PRODUCT RETURN FORM



I would like to return my SOLESTAR insoles according to the SOLESTAR customer satisfaction promise.

First name, last name: \_\_\_\_\_

Street, Nr.: \_\_\_\_\_

Postal code: \_\_\_\_\_ City: \_\_\_\_\_

Bought at (dealer name): \_\_\_\_\_

Date of purchase: \_\_\_\_\_ (*Pls. attach invoice*)

Cycling shoe brand:\* \_\_\_\_\_ Model: \* \_\_\_\_\_

The reason for being dissatisfied with my SOLESTAR KONTROL insoles:\*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I would like to be contacted for personal consultation.\*

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date, Signature: \_\_\_\_\_

\*: *voluntary information*