

hhv.de return form

Any questions concerning your return?

Email: service@hhv.de

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We explicitly point out that the use of the return form and the compliance with the procedure specified below constitutes no prerequisite for the effective exercise of the right of withdrawal.



Please insert invoice number here.

Please send the return to:

HHV Handels GmbH
c/o Retouren
Subject: (Invoice number)
Grünberger Str. 54
D-10245 Berlin
Germany

Please take note of the following requirements:

1. You can withdraw from a sales contract (the order) within 30 days without giving reasons.
2. In order to ensure a smooth procedure at German customs, please keep the following in mind:
The invoice and the completed return form must be attached clearly visible to the package exterior (e.g. a poly pocket).
3. You bear the shipping costs of a return.
4. Please insert your invoice number in the top right hand box!
5. Please specify the reason for the return (please cross out where applicable) and, if necessary, describe the defect.
6. In case your order was damaged in transit, please include a copy of the carrier's damage report in the return package!

Customer data:

| Name | First Name | Email | Phone number | Customer ID |
|------|------------|-------|--------------|-------------|
| | | | | |

I hereby withdraw from my contract of sale of the following goods:

| | | | Additional information | | | | |
|--------------------|---------------|----------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Item number | Size / Format | Quantity | Don't like it | Doesn't fit | Damaged in transit | Damaged | Wrong item |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ordered on: | | | Received on: | | | | |

Date / Signature:

| Send exchange items: | | |
|----------------------|---------------|----------|
| Item number | Size / Format | Quantity |
| | | |
| | | |
| | | |
| | | |



Credit: Credit will automatically be used for your next order.



Issue a refund to my bank account: In case of a Paypal or credit card payment, no bank details need to be stated.

Account holder _____

Bank name _____

Account nr./IBAN _____

BIC/SWIFT _____

Remarks/Comments: