

Return Form

Please complete this form and include it with your return shipment to ensure efficient processing.

Customer Information:

Name:

Order Number:

Email Address:

Phone Number:

Product Information:

Product Name:

Quantity:

Reason for Return (Please check applicable reason):

Defective product

Unwanted item

Received wrong item

Other (please specify):

Condition of Returned Product:

Original Packaging: Yes No

Any signs of use? Yes No

Additional Comments (if any):

Bank Details (for refunds):

Bank Name:

Account Holder Name:

IBAN:

SWIFT/BIC:

Return Address:

Revolution Tobacco / Retouren

c/o Hofstetter + Co. AG

Ebnatstrasse 131

CH-8200 Schaffhausen

Important Notes:

Returns must be made within 14 days of receipt for defective items.

Ensure the product is returned in its original packaging and in a clean, undamaged condition.

Include this completed form with your return shipment.

Keep the tracking number for your records.