



Return form for items purchased on the Ørsted webshop

Please use capital letters to fill out the questions below

Name: _____

Email: _____

Telephone number: _____

Delivery address: _____

City & postal code: _____

Webshop order no.: _____

Return codes:
1: Defective - Please describe below
2: Would like a refund

Item no.:	Item name:	Qty.	Code.
OER- _____	_____	_____	_____
OER- _____	_____	_____	_____
OER- _____	_____	_____	_____
OER- _____	_____	_____	_____
OER- _____	_____	_____	_____

Description of claim: _____

Signature: _____ Date: _____