

# Returns form

Please complete this returns form and include it with the item/s you are returning. Ensure that your parcel is correctly stamped and address it to **ORAIN GmbH, Zwinzstrasse 3/6/16, A-1160 Vienna, Austria**. You will be charged for parcels sent without postage paid or with an insufficient amount of postage.

## RAINCOMBI makes exchanging goods easy

### 1. I would like to exchange or return:

| Item | Size/colour | Quantity | Price | Reason* |
|------|-------------|----------|-------|---------|
|      |             |          |       |         |
|      |             |          |       |         |
|      |             |          |       |         |
|      |             |          |       |         |

Do you have any questions about how to exchange goods?

Call us on:  
+43 (0)660 352 2105

Lines are open:  
Mon-Fri 10am-6pm

**\*Reason for exchanging the item**

|                        |           |    |             |
|------------------------|-----------|----|-------------|
| Chest size.....        | too small | 11 | ...too big  |
| Waist size.....        | too small | 12 | ...too big  |
| Size around the hips.. | too small | 13 | ...too big  |
| Generally.....         | too small | 14 | ...too big  |
| Sleeve length.....     | too short | 15 | ...too long |

Other (please describe briefly).....

**...other reasons**

|     |                              |    |
|-----|------------------------------|----|
| 21  | Item not to my liking.....   | 31 |
| 22  | Material.....                | 32 |
| 23  | Quality of manufacture.....  | 33 |
| 24  | Cut.....                     | 34 |
| 25  | Colour(s).....               | 35 |
|     | Item is faulty.....          | 36 |
| ... | Delivered too late.....      | 37 |
|     | Wrong item was delivered.    | 38 |
|     | Item not as illustrated..... | 39 |

### 2. I would like to place a new order for:

| Item | Size/colour | Quantity | Price |
|------|-------------|----------|-------|
|      |             |          |       |
|      |             |          |       |
|      |             |          |       |
|      |             |          |       |

### 3.

X

Receipt number

X

Date

X

Signature