



VAIN VILLAIN

NON-COMPLIANCE FORM

TO:

VAIN VILLAIN
Sibeliusstraat 50
4614VD Bergen op Zoom
Noord – Brabant
The Netherlands
orders@vainvillain.com

FROM:

Full Name _____

Address Line 1 _____

Address Line 2 _____

Postal Code + Town / City _____

Province / State _____

Country _____

Email Address _____

_____ ORDER NUMBER

_____ ORDER DATE

Dear VAIN VILLAIN,

I hereby would like to inform VAIN VILLAIN of (Check which appropriate):

A problem with a shipment I have received. The reason being:

or

The following missing or non-compliant product(s):

#	Product ID	Issue
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____

If requested by VAIN VILLAIN, I will return the order or the products I have listed above within ten (10) working days of having received VAIN VILLAIN's request. If necessary for a potential refund, my bank account details are:

Name of Account Holder: _____

IBAN Number: _____

Name of Bank: _____

BIC Code: _____

Sincerely,

Full Name _____

DATE

CLIENT SIGNATURE