

ORDER #:			
TRACKING #:			
l,	(First Name, Last Name)		, residing at:
	(Address: Street, City, Co	ountry, Postal Code)	
hereby declare that t	he following	\square entire order	article(s)
(Quantity)	(Article Description)		
		_	ount of are and thus am inquiring about
Additional Comments:-			
Click or tap here to enter tex	t.		
(Date: DD.MM.YYYY)			(Signature)