

RETURN FORM



CUSTOMER DATA

NAME AND SURNAME

ADDRESS:

ZIP AND CITY:

STATE:

EMAIL:

ORDER DATA

ORDER NUMBER:

INVOICE DATE:

ARTICLE DATA

PRODUCT REFERENCE NUMBER:

COLOR:

SIZE:

Please, specify below the reason for your return:

RETURN

CHANGE

WRONG ORDER

In the case of requesting a return, indicate the exact reason.

In the case of requesting a change, indicate the product with which you would like to make the change.

In the case of a wrong order, indicate the details of the article received and the desired article.

COMMENTS:

A large, empty rectangular box with a thin black border, intended for the customer to provide additional comments or details regarding their return request.