

Via Paolo Pallia 3, 20139, Milano P.IVA/C.F.: 08395780961

RETURN FORM

Order Date: Surname: Name: Telephone: e-mail: Address: PRODUCT ID NUMBER PRODUCT DESCRIPTION QUANTITY REASON NUMBER Return's reasons: 1. The product was damaged during the transport. 2. I did not order this product. 3. The product is defective. 4. The product was shipped twice. 5. I intend to exercise my recess right within fourteen (14) calendar days from the day I received the product. 6. Other reasons. Please, specify:	C	Order number:				
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