

RETURN FORM

Please complete this form in full and place it inside the package.

ORDER INFORMATION

ORDER NUMBER _____

ORDER DATE _____

PRODUCTS TO BE EXCHANGED

Product Description/code

Qty

Return Codes

If the product you received is defective or damaged, before proceeding with the return, please send our Customer Service both a photo of the product and a photo of the packaging in which it was delivered.

- 1. Delivery delay*
- 2. Product is defective or damaged*
- 3. I changed my mind or other reason*
- 4. Product size or dimensions are not suitable for me*
- 5. I do not like the product, or it is not as expected from the photos and description*
- 6. I received the wrong product*

ORDER HOLDER

Full Name

Email Address

BILLING ADDRESS

Full Name

Address

Date and signature

Comacchio S.p.A.

Via Callalta, 24/B
31039 Riese Pio X (TV) Italy
T. +39 0423 7585
F. +39 0423 755592

P.IVA - Cod. Fis. - Iscr.Reg.Impr. IT 02019450267
R.E.A. TV n. 184314
Capitale Sociale € 12.000.000,00 i.v.



UNI EN ISO 9001:2015 / ISO 14001:2015

Withdrawal and Return Form pursuant to Article 49(1)(h) of the Italian Consumer Code (Legislative Decree No. 206/2005)

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