

RETURN FORM

RECEIPT NUMBER:	
PURCHASE RECEIPT DATE:/	/
PURCHASED AT THE SHOP: □ E-SHOP G □ SHOP:	GIUDI
CUSTOMER'S CODE:	
NAME:	SURNAME:
ADDRESS:	ZIP CODE:
CITY:	COUNTRY:
E-MAIL:	@
PHONE:	FAX:
RETURN REASON: O DEFECTIVE DAMAGED NOT CONFORM TO ORDER WRONG PURCHASE ORDER OTHER	
STYLE NUMBER:	QUANTITY:
ENCLOSED ORIGINAL CARD PRODUC	<u>CT</u>
	SIGNATURE
DATE//	
SEND US BY RETURN THIS FORM DULY eshop@giudi.com	Y FILLED IN AND SIGNED BY E-MAIL
ONLY FOR GIUDI STAFF	
RETURN CODE:	
SIGNED FOR APPROVAL:	