

RETURN FORM

ORDER NO _____ / FROM (Date) _____

In attention of **Online shop** www.ilpasso.eu

Please write down below the item(s) you want to return:

RETURN REASON: _____

ORDER PLACED (Date) : _____

PRODUCTS RECEIVED ON (Date): _____

Please check the boxes with the return request that fits you better:

- I need the same item, in a different size
- I need my item replaced with a new one
- I received a different item
- I want the refund for the order
- Other reason (please mention it): _____

In order for the refund to be processed successfully, please fill in the fields below with your bank information:

Bank: _____

Account: _____

Name / Surname: _____

Address: _____

Phone number: _____

E-mail: _____

By signing this form I am notifying you regarding my withdrawal from the contract.

DATE _____

SIGNATURE _____