



Object: RETURNING DEFECTIVE PRODUCTS

Name: _____

Surname: _____

Company Name: _____

Telephone Number: _____ E-mail: _____

Invoice Number: _____ Invoice Date: _____

Product description: _____

Defect: _____

Signature: _____

Date and Place: _____

IMPORTANT: The product must be returned **in the original package carefully packed**, insert inside this form duly completed.

Arte del Ricamo Shop will ship the replacement product at their own expense within 48 hours after verification of the alleged defect.

cut along the dotted line

SHIPPING LABELS

Sender:

Recipient: Arte del Ricamo Shop
Via R. Ruffilli, 59
61033 Chiaravalle (AN)
Italia