



RETURN FORM

Send this form to shop@synergical.it

The undersigned

NAME _____ SURNAME _____

ADDRESS _____

CITY _____ POSTAL CODE _____ COUNTRY _____

PHONE _____ EMAIL _____

ORDER NUMBER (displayed in the order confirmation) _____

DATE OF ORDER RECEIVING _____

I would return the following items

ITEM CODE / QUANTITY _____

SINGATURE _____ DATE _____

Send the package, at your own expense, with any logistics carrier, by entering inside this form and return to Synergical logistics warehouse at:

Debby Line Srl
Via Giovanni Amendola, 6/A
31020 Villorba (Tv)
Italia

SYNERGICAL