

Return form

Pursuant to art. 49, para. 1, h) of the Consumer Code

(Only complete and return this form if you wish to cancel your order. You will receive a label to be attached to the product to be returned)

CUSTOMER FIRSTNAME	CUSTOMER SURNAME
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ORDER NO.	OF (DATE)	RECEIVED ON (DATE)
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CUSTOMER ADDRESS (STREET, AVENUE, ROAD, SQUARE, HOUSE NUMBER...)	CITY	POSTCODE
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PROVINCE	EMAIL ADDRESS	TELEPHONE
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TYPE OF RETURN (TICK THE RELEVANT BOX BELOW):		QUANTITY
<input type="checkbox"/> FULL RETURN (ALL ITEMS)	<input type="checkbox"/> PARTIAL RETURN (INDICATE BELOW WHICH ITEMS YOU WISH TO RETURN AND THE RELEVANT NUMBERS)	

IF THE PAYMENT HAS NOT BEEN MADE BY CREDIT CARD, PLEASE PROVIDE THE BANK DETAILS FOR THE REFUND:

IBAN	CURRENT ACCOUNT HOLDER	BANK
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PLACE, DATE	SIGNATURE (NOT REQUIRED IF SENT ELECTRONICALLY)

Send the completed form to :
assistenza@vino75.com or by fax +39 055 0935599, or by mail:
Vino.com™ - 3ND Srl - Via del Tiratoio, 1 - IT50124 FIRENZE FI
and wait for our return instructions