



## RETURN GOODS SHEET

CUSTOMER \_\_\_\_\_

COMPLETE ADDRESS \_\_\_\_\_

TEL. \_\_\_\_\_ FAX \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_

CIS s.r.l.

WE WOULD LIKE TO RETURN THE FOLLOWING MATERIAL :

REFERENCE CODE	DESCRIPTION	REASON FOR RETURN	INVOICE NUMBER

Reserved space

CIS srl

RETURN ALLOWED ☐ YES ☐ NO

REASONS FOR AUTHORIZATION FAILURE \_\_\_\_\_

DELIVERY AT THE EXPENSE OF ☐ CUSTOMER ☐ CIS SRL

Pogno (no) \_\_\_\_\_ SIGNATURE \_\_\_\_\_

### NOTES:

- In the field for "reasons for return" is not accepted the lettering "non-conforming material" we are looking for the precise description of the fault of the product
- Please send this sheet to the fax number **+39 0322 950864**
- Please attach this sheet to the invoice and to the material to be returned

### CIS srl

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