RETURN FORM

SUMMARY OF YOUR ORDER				
Order n°				
First name/Last Name				
Full address				
Telephone				
Mail				
Reason for return :				
ITEM(S) RETURNED				
Product description		Reference	Quantity	Colour
_				

Please fill in this form, making sure it is legible, and return it with your parcel

Please keep your tracking number in a safe place until you have received the e-mail confirming receipt of your exchange request.

ART & PUB
ZI DE CALDANICCIA
20167 SARROLA CARCOPINO
FRANCE