



RETURN FORM

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|-------------|
| DATE |
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|---|
| ID ORDER N.: _____ OF ____ / ____ / _____ |
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SURNAME:

NAME:

E-MAIL ADDRESS:

| PRODUCT DESCRIPTION | PRODUCT CODE | REASON FOR RETURN | NOTE |
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REASON FOR RETURN

A: COLOR TONE LOOKS DIFFERENT – **B:** THE PRODUCT HAS A WRONG SIZE – **C:** WRONG PRODUCT -
D: I WANT TO EXERCISE THE RETURN STRAIGHT WITHIN 14 WORKING DAYS FROM RECEIVING THE PRODUCT

ADDRESS FOR RETURNS:

LIFESTYLE SRL

CORSO ITALIA N 23/27

CAP 56125 – PISA (PI)

ITALY

SIGNATURE _____