



Return Request Form (Please Fill)

Date: _____

Customer Information:

Name: [Insert Full Name / Company Name] _____
Address: [Insert Full Address] _____
Phone Number: _____
Email Address: _____
Order Number: _____
Purchase Date: _____

Product Details:

- Model/Code/Colour: [You can find the information on the left temple] _____
- Quantity: _____

Reason for Return: (Please mark the appropriate reason)

Unsatisfied with the product Product damaged upon arrival Product defect Shipping error
 Other (Please specify): _____

Condition of Product upon Return:

Unopened, original packaging intact Opened but unused
 Lightly used (details): _____

Preferred Resolution:

Refund Replacement

Method of Refund (if applicable):

Bank Transfer (Please insert your BANK DETAILS)
Bank Holder: _____
IBAN: _____
BIC/SWIFT: _____

Return Shipment Instructions:

Please send the returned goods **to the appropriate address depending on your location:**

<p>For European Union Countries:</p> <p>Stiloptic Via Nazionale 62D 28831 Baveno VB – Italy</p>	<p>For Switzerland:</p> <p>Stiloptic Casella Postale 761 6614 Brissago - Switzerland</p>
--	---

The cost of return shipping is the responsibility of the sender. It is recommended to use a trackable shipping method, as Fineitalianeyewear.com is not responsible for any theft or loss during transport.

Additional Notes or Requests:

SIGNATURE _____