



CRUCCOLINI SNC
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RETURNS AUTHORIZATION FORM

ORDER MADE BY: (Indicate the person or company, holder of the order)		DATE:	
*NAME:		*LAST NAME:	
*COMPANY NAME:		* PAYMENT METHOD:	
ORDER N°:		ORDER DATE:	
*DELIVERY NOTE N°:		*DATE:	
ITEMS TO RETURN:			
*PRODUCT CODE:		DESCRIPTION:	
REASONS OF RETURNS:		*CONTACTS:	
		Enter a phone number and the name of the person to contact for any questions	
Part to be filled by vendor			
AUTHORIZATION		N°:	
IMPORTANT YOU CAN SHIP THE MATERIAL, ONLY AFTER RECEIVING THE RETURNS AUTHORIZATION NUMBER, TO THE ADDRESS ABOVE INDICATED. ALL THE UNAUTHORIZED RETURNS, WILL NOT BE CONSIDERED OR REFUNDED			

* required fields.