



RETURN FORM

DATE _____

CLIENT _____

ORDER'S N° _____

ORDER'S RECEIVING DATE: _____

REQUEST FOR _____

SUBSTITUTION

REFUND

Specify the article's codes to return

ARTICLE'S CODE	COLOR	SIZE	QUANTITY	EXPLANATION

Specify the article's code in substitution

CLIENT'S SIGNATURE

PLACE OF GOOD'S DESTINATION:

MET SpA

Via Piemonte 373, Talamona 23018 (SO)

ITALY

For any clarification contact us: **shop@met-helmets.com**