



**CITTA'
DEL
SOLE**

DEFECTIVE PRODUCT(S) FORM



First Name: _____

Last Name: _____

Company: _____

Phone Number: _____ E-mail: _____

Invoice Number: _____ Invoice Date: _____

Product Description: _____

Defect(s) found: _____

Signature: _____ Date and place: _____

IMPORTANT: The product must be shipped carefully wrapped in its original box along with this form correctly filled out.
Buy.it Srl will ship a replacement product at its expense within 48 hours of verification of the declared defect(s).

Cut along the dotted line

SHIPPING LABEL

Sender:

To: **Buy.it Srl**
Via G. Pascoli 16
20821 Meda - MB
Italy