



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 CODES IN SUBSTITUTION

ARTICLE'S CODE	COLOR	SIZE	QUANTITY	EXPLANATION

CLIENT'S SIGNATURE _____

PLACE OF GOOD'S DESTINATION:

MET SpA
Via Piemonte 373
Talamona 23018 (SO)
ITALY

FOR ANY CLARIFICATION CONTACT CUSTOMERSERVICE@MET-HELMETS.COM