

Idealgas company Srl

RETURN FORM

1. In order to exercise the right of withdrawal provided for by law, **fill** in this Return Form in all its parts and **send** it to the e-mail address info@idealgas.it, together with the Order Confirmation that was sent to You by e-mail at the time of execution of the Agreement.
Please write in capital letters and fill in all fields. It is essential to indicate the **Order Number** relating to the purchase made, which You can find in the Order Confirmation.
2. **Wait** for the return authorization email.
3. Once You have received the return approval, You must **insert** this form in the package together with the Product/s You intend to return and the Order Confirmation.

For more information visit the section "**Withdrawal and Return**".

CLIENT'S DATA

Name and Surname	
Address	
Telephone and/or mobile phone	
E-mail	

ORDER DATA

Order Number	
---------------------	--

Returned Product/s	Reasons for return (optional)

Annexes:

1. Order Confirmation transmitted by the Seller.

Date and place _____, _____

Signature of the Client _____