

# RETURN PROCEDURES FORM

Date: .....

## Customer Data

Firm: .....  
 Supply by: .....  
 Street / Number.: .....  
 ZIP / City: .....  
 Contact: .....  
 Tel.: .....  
 E-Mail: .....  
 NUM. INVOICE / SHIPPING NOTE:.....

## Reason for the return

- ☐ Return of defective products (different characteristics)  
☐ Return of malfunctions products (with warranty)  
☐ Goods not working for repair (no warranty)

## Description

ITEM description	N° PCS	SERIAL NUMBER	INVOICE DATE	INSTALLATION DATE	FAILURES FOUND <i>PROBLEM DETAILS</i>	APPLICATION <i>HOURS OF OPERATION AND CONDITIONS</i>

### N.B. FOR THE CLIENT WHO IS RETURNING THE PRODUCT:

Send the filled form by fax or by e-mail to [assistenza@reflexionlight.it](mailto:assistenza@reflexionlight.it) and contact us to return the products.

*the Client  
stamp and signature  
for acceptance*

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### REFLEXION ITALIA SRL

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