

# COTRIL

## RETURN LABEL

(to be printed and attached outside the package)



### ADDRESSEE:

**COTRIL c/o Interlaziale S.p.A.**

VIA RAFFAELLO SANZIO, 64

20021 BOLLATE, MILANO, ITALIA

### SENDER:

Surname and name:

Address and street number:

Zip Code:

City:

Province:

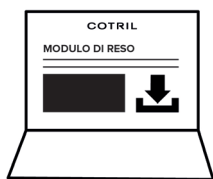
### RETURN CODE AUTHORIZATION

to be requested at [return@cotril.shop](mailto:return@cotril.shop)

## RETURN INSTRUCTIONS

1

Write to [return@cotril.shop](mailto:return@cotril.shop) to request the return code authorization.



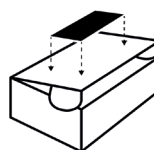
2

Pack the products and enter the completed return form inside the package.



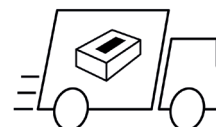
3

Cut out and apply the return label on the package.



4

Deliver the package to a courier.





# COTRIL

## RETURN FORM

Order N°: \_\_\_\_\_

Order date: \_\_\_\_\_

Surname: \_\_\_\_\_

Name: \_\_\_\_\_

E-mail: \_\_\_\_\_

Tel: \_\_\_\_\_

Return authorization code  
(to be requested at [return@cotril.shop](mailto:return@cotril.shop))

PRODUCT CODE	DESCRIPTION CODE	QUANTITY	PRICE	REASONS N°

## REASONS FOR THE RETURN

1. I didn't order the article received.
2. The article doesn't satisfy me.
3. Article ordered by mistake.
4. The article has been sent twice.

5. More. Please specify:

\_\_\_\_\_

\_\_\_\_\_

