



RETURN/REFUND MERCHANDISE FORM

In order to return or receive a refund for one or more items, please fill in all the information requested and include this form in your return package.

This form must be completed in full. Incorrect or missing information will result in a possible denial of your return/refund.

If you need further information or are in need of assistance in completing the form, please do not hesitate to contact our Customer Care at the following e-mail address: assistenzaclientistore@sscn.it

Please ship the form along with the items that you wish to return to:

SSC NAPOLI SpA
c/o LOGSUD SRL
INTERPORTO CAMPANO
LOTTO D1 308/309
NOLA 80035
ITALY

Information about Addressee must be the same as the original order and therefore it is not allowed to change such information. Return/refund will be granted only if the conditions above will be complied.

First Name: _____ Surname: _____

Address: _____ n. _____

ZIP Code: _____ City/State: _____

Country: _____

Phone number: _____ e-mail address: _____

Order Number: _____ Order Date: _____

Invoice Number: _____ Date of Invoice: _____

Type of Return/Refund:

- Whole Return/Refund
 Partial Return/Refund

Return/Refund Code:
A – Afterthought
B – Wrong Item
C – Damaged/Defective Item

Item Code	Description of Item	Quantity	Unit Price	Total Price	Return/Refund Code

TOTAL

Notes:

Date: _____ Signature: _____

