



## 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@sscni.it](mailto:assistenzaclientistore@sscni.it)

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

<p style="text-align: center;"><b>SSC NAPOLI SpA</b> c/o TEMI <b>INTERPORTO CAMPANO</b> <b>LOTTO D1 308/309</b> <b>NOLA 80035</b> <b>ITALY</b></p>
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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

