

EXCHANGE OR RETURN FORM

ID ORDER:

RETURN DATE: / /

CUSTOMER INFORMATION

Name:

Address:

Location:

Postal Code: -

Country:

Date of Birth: / /

Email:

Phone:

ITEMS TO RETURN

Reference:

REASON FOR RETURN REQUEST:

Does not match the order. What is the reason?

Size is not suitable.

Color.

Defect. Which one?

Other reason. Which one?

DO YOU WANT TO EXCHANGE FOR ANOTHER ITEM? IF YES, PLEASE INDICATE:

Reference:

Visit website <https://www.dautorliving.pt/en> for more information on Exchanges and Returns.