

WITHDRAWAL FORM PURSUANT TO LEGISLATIVE DECREE 206/2005 (CONSUMER CODE)

Please complete and send this form by email to: info@market2go.it within 14 days of receiving the product.

CUSTOMER DETAILS:

Full Name: _____

Address: _____

Postal Code / City / Province: _____

Phone: _____ Email: _____

ORDER DETAILS:

Order number: _____ Order date: ____ / ____ / ____

Date received: ____ / ____ / ____

Product(s) to be returned:

I hereby give notice that I withdraw from the sales contract mentioned above.

Place and date: _____

Signature (only if paper copy): _____

(*) Pursuant to Art. 59 of the Consumer Code, withdrawal is excluded for sealed products opened after delivery