

INFINITRI RETURN SLIP MUST BE ENCLOSED

Name : _____

First name : _____

Order number : _____

Telephone number : _____ (As indicated on order)

Reference of returned item	Quantity	Please tick the appropriate box: ☐ Exchange for : ☐ Repayment	Reason for return ☐ This is not the product ordered ☐ Wrong size ☐ The product has a manufacturing defect ☐ Other reason (please specify)
Reference of returned item	Quantity	Please tick the appropriate box: ☐ Exchange for : ☐ Repayment	Reason for return ☐ This is not the product ordered ☐ Wrong size ☐ The product has a manufacturing defect ☐ Other reason (please specify)
Reference of returned item	Quantity	Please tick the appropriate box: ☐ Exchange for : ☐ Repayment	Reason for return ☐ This is not the product ordered ☐ Wrong size ☐ The product has a manufacturing defect ☐ Other reason (please specify)

Return address:

Infinitri S.P.R.L.

Rue doyard 7C

4520 Vinalmont

Belgium