

## Do you want to return or replace an item?

**You have fourteen (14) business days from when you receive your products to do so by following this simple procedure:**

1. Fill out the form on [www.relaxsanshop.com/request-form](http://www.relaxsanshop.com/request-form);
2. Wait to receive our written authorisation to return the items before shipping them.
3. Return the products with the complete and signed form within fourteen (14) business days to the following address:  
**Calze G.T. S.r.l. - Via Walter Tobagi 17/19/21, 46040 Casaloldo (MN), Italy.**

**You can return or replace your items under the following conditions:**

- Products must not have been worn or damaged, and must be returned intact in their original packaging at the Customer's expense;
- Returns and refunds of products that have been worn or are not contained in their original packaging will not be accepted;
- Refunds will not be provided for any products that smell of smoke, perfume, lotions or clothing detergents;
- The items being returned must be sent in their original packaging using thick and durable cardboard packing materials (not an envelope). Any failures to comply will result in the application of a 15% restocking fee.

Upon receiving the returned item(s), the seller will verify their integrity and, at its discretion, will determine whether or not the returned products are in their original condition.

The right of cancellation may not be exercised in the event of tailor-made products.

***For more information on the right of cancellation, refunds, and replacements, please visit [www.relaxsanshop.com/cancellation-refund-replacement](http://www.relaxsanshop.com/cancellation-refund-replacement)***

### Calze G.T. S.r.l.

Via Walter Tobagi 17/19/21, 46040 Casaloldo (MN), Italy  
VAT N° IT 01380780203  
Phone 0039 376 780686 - Fax 0039 376 781843  
E-mail [info@relaxsanshop.com](mailto:info@relaxsanshop.com)

### Customer Service

Monday to Friday  
From 8 AM to 12 AM and from 2 PM to 6 PM (CET)  
[info@relaxsanshop.com](mailto:info@relaxsanshop.com)  
Phone 0039 376 780686

# Cancellation, refund and replacement form

With this form, I, the undersigned

Name \_\_\_\_\_ Surname \_\_\_\_\_

E-mail \_\_\_\_\_ Phone number & Mobile \_\_\_\_\_

Permanent Address \_\_\_\_\_ Postal Code (ZIP Code) \_\_\_\_\_

City and Province (State) \_\_\_\_\_ Country \_\_\_\_\_

With reference to the sales contract

Order N° # | | | | | | | | | | | | | | | | | | | | | | Ordered on \_\_\_\_\_ Received on \_\_\_\_\_

## REQUESTS

<input type="checkbox"/> PARTIAL OR FULL REFUND OF THE ORDER
<p>Please indicate the items to be returned Item code _____ Quantity per item _____</p> <p>If refund by Bank Transfer (to be filled out only if the payment was made by Bank Transfer)</p> <p>IBAN  </p> <p>Bank account holder Name _____ Surname _____</p>

<input type="checkbox"/> REPLACEMENT OF ONE OR MORE ITEMS
<p>Please indicate the items to be returned Item code _____ Quantity per item _____</p> <p>Replace with Item code _____ Size _____ Colour _____ Quantity _____</p> <p>We will inform you in the event of changes to the total amount of the order as soon as we receive the returned items.</p>

<input type="checkbox"/> RETURN OF INCORRECT, DAMAGED, OR DEFECTIVE ITEMS
<p>Reason for the return _____</p> <hr/> <p>Request <input type="checkbox"/> Refund <input type="checkbox"/> Replacement of the item(s)</p> <p>Please fill out the section according to your request (partial or full refund of the order/replacement of one or more items).</p>

Date \_\_\_\_\_ Signature \_\_\_\_\_