

Modulo RETURN REQUEST

We ask you to fill in the following form, **must be readable**; send it correctly completed to **resi@idrogrow.com**

Last Name

Name

Business Name

VAT number

E-Mail

The email address indicated will be the reference address for all return procedures.

PRODUCT CODE	PRODUCT DESCRIPTION	DATE AND NUMBER OF INVOICE	Q.TY	REASON FOR RETURN *

* Reason for return

1. Product not working
2. Production defect
3. Non-compliant product
4. Wrong purchase
5. Other (specify next to the table)

☐ I have read and accept the [Privacy Conditions](#)
☐ I have read and accept the [Return Policy](#)

DATE

COMPANY STAMP AND SIGNATURE