

ASSISTANCE FORM



hair goddess

COMPILE, PRESS AND INSERT THIS MODULE IN THE PACKAGE

Name/Rea. social*:

Surname*:

Fiscal Code/VAT Number*:

Address*:

Postal Code*:

Location and Province*:

E-mail address*:

Phone/Mobile*:

REQUIRED FIELDS

SEND ONLY THE PRODUCT THAT NEEDS ASSISTANCE IN A RESISTANT BOX OR IN A PADDED ENVELOPE. YOU NEED TO REMEMBER EVENTUAL ACCESSORIES SUCH AS THE PADDING, THE ORIGINAL PACKAGING OR OTHER PRODUCTS THAT WILL WORK REGULARLY.

Product:

Article code:

Defect or Failure:

IF THE PRODUCT IS STILL IN THE WARRANTY REMEMBER TO PULL TO THE MODULE AN ORIGINAL RECEIPT OF PURCHASE (RECEIPT OR COPY OF THE INVOICE). THE DATE ON THE FAKE SHALL INFATTI WILL FAITH TO CONFIRM OR LESS THE PERIOD OF WARRANTY. INSERT THE MODULE AND RECEIVED INSIDE THE PACK.

Date of purchase:

Shop / Purchase site:

SEND TO : hg hair Goddess SMA srl via lago di bolsena, 14 36015 Schio (Vicenza)