OCTOBRE

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SECOND RETURN FORM

SURNAME	NAME
ORDER NUMBER	
EMAIL ADDRESS	
REFERENCE(S) FOR RE	TURNING ITEM(S) & QUANTITY
NAME OF THE PERSON \	YOU ARE IN CONTACT WITH
POUR VALIDER VOTRE S	ECOND RETOUR :
1. Write your order numl	ber by hand in the box at the bottom of the form
2. Cut along the line and	I visibly stick your order number on the front of your box
3. Slip the rest of the for	rm in your box
4. If you have a free field	d when printing the return label, we recommend inserting your order nu
TO CONFIRM YOUR SEC	OND RETURN:
Unit 12 C Westcott	wide Sezane entury Court Venture Park P Aylesbury
PLEASE ALLOW 7 TO 10 TO PROCESS YOUR RETU	WORKING DAYS FOR OUR ATELIER JRN PACKAGE.
account debited of However, please no	paid by a credit card, the refund will be made directly to the bank during the purchase. It that a refund of an order made with an e-gift card, gift card ll be automatically refunded as a credit note.
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If you haven't already done so, please contact "bonjour@sezane.com" for your second return request