



RETURN REQUEST APPROVAL

FILL THE FORM
& SEND IT TO:
service@spencer.it



Cod. MD13.04 Rev. 0

PRODUCT CODE*	
LOT NUMBER / SERIAL NUMBER*	
DDT / SPENCER INVOICE OF PURCHASE*	
NUMBER OF PIECES AFFECTED*	
DDT CUSTOMER REFERENCE	
REASON FOR RETURN (WRONG PRODUCT ORDERED, WRONG PRODUCT SHIPPED, DAMAGED PRODUCT, OTHER, ETC...)	
CUSTOMER	
NAME AND ROLE OF THE PERSON SUBMITTING THE RETURN REQUEST	

*Mandatory fields



Terms and conditions