

# SUBSTITUTION / RETURN FORM

print and write

PART TO BE INSERTED IN THE PACKAGE:

NAME AND SURNAME: \_\_\_\_\_

ORDER NUMBER: \_\_\_\_\_

SUBSTITUTION  RETURN

REQUEST:

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PART TO BE ATTACHED TO THE OUTSIDE OF THE PACKAGE:

SEND TO:

**New Order**  
Viale Ceccarini, 111/C  
47838 Riccione (RN)  
Italy  
Phone: +39 0541 691275  
Mail: [neworder@neworder.it](mailto:neworder@neworder.it)