



RETURN PRODUCT SERVICE SHEET

DATE	
ORDER N°	
INVOICE N°	

NAME, FIRST-NAME	
ADDRESS	
ZIP CODE	
CITY - STATE	
TEL.	
EMAIL	

CONCERNED GOODS

REASON FOR RETURN

SELECT YOUR OPTION:

- PRODUCT EXCHANGE
- REFUND (DURING 14 DAYS RETURN PERIOD)
- PRODUCT ERROR

SIGNATURE :

JOIN A COPY OF INITIAL INVOICE AND SEND TO :

- SC2 FRANCE/JUNE7.2 SERVICE RETOUR

ZA D'Arvigny – 104 Rue Denis Papin

77550 MOISSY CRAMAYEL

Tel. +33 1 83 85 50 11