

cromia

CONTRACT TERMINATION FORM

NOTE: fill in the form and send back to customercare@cromia.it in case you wish the contract termination.

RECEPIENT:

La.i.pe. Spa
Via Walter Tobagi 2
62029 Tolentino (MC) - Italy

The undersigned

NAME _____

SURNAME _____

ADDRESS _____

PHONE NUMBER _____

EMAIL _____

ORDER NUMER (displayed in the email) _____

DATE OF ORDER (displayed in the email) _____

DATE OF ORDER RECEIVING _____

I kindly ask the contract termination for the following items

(write articles) _____

SIGNATURE

DATE
