



Size Change Form

Calzaturificio Gal.men S.r.l.
Sede Legale: Via Fonte Giugliano, 4/6 63812 Montegranaro (FM) ITALIA
P.IVA: 01039880446

Name _____

Surname _____

Address _____

I take advantage of the size change of the following items:

SKU	Purchased Size	New Size
_____	_____	_____
_____	_____	_____
_____	_____	_____

Ordier N° _____

The refund can be requested using the same payment method used for the initial transaction

Data _____

Signature _____

This Size Change Form must be completed and sent according to the means used, to the following addresses: