



DRESS TO CARE

Exchange/Return Form

Purchase Date ____/____/____

Name: _____

Street address: _____

Email: _____

Phone: _____

IBAN*: _____

*it is only necessary in case of return

Identification of the product to exchange/return (model, size, color)

What is the reason for the exchange/return? Thanks.

Defect/Damage Size/Color/Wrong Model Other: _____

Rules for exchanging/return an article:

The exchange/return request must be performed up to 15 days after the date of the order receipt;

The product may have no evidence that it has been used, and must contain the label and all the elements that compose it (buttons, zippers,...);

- The product does not may have been customized;**

The item should preferably be shipped in the original properly sealed packaging;

The exchange implies the payment of shipping costs for the new product.

Note: If the above rules aren't fully complied with, we are sorry, but your exchange/return request will not have effect.

Date: ____/____/____

Signature: _____

ADDRESS TO RETURN THE PRODUCT FOR EXCHANGE OR RETURN

KATCO, LDA
Avenida Padre Guilherme N°187
4410-466 Arcozelo Vila Nova de Gaia
Portugal